

Case Number:	CM13-0028664		
Date Assigned:	11/27/2013	Date of Injury:	06/07/1996
Decision Date:	02/07/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who reported an injury on 6/7/96; the mechanism of injury was not provided in the medical records. The patient's diagnoses include lumbar radiculopathy, lumbar disc displacement, low back pain, and painful swelling of the joint. The patient's symptoms include low back pain with radiation into her bilateral buttocks, as well as numbness and paresthesia.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

one diagnostic bilateral L4-5 and L5-S1 facet with anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to ACOEM guidelines, invasive techniques such as facet joint injections of cortisone and lidocaine are of questionable merit. However, many pain physicians believe that diagnostic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that the criteria

for use of diagnostic blocks for facet pain include that the clinical presentation should be consistent with facet joint pain signs and symptoms of tenderness to palpation in the paravertebral areas over the facets, a normal sensory exam, absence of radicular findings, and normal straight leg raise testing. Additionally, it states that the use of IV sedation may be grounds to negate the results of a diagnostic block, and only should be used in cases of extreme anxiety. The patient's physical exam was positive for tenderness over her bilateral L4-5 and L5-S1 facet joints; however, her straight leg raise test was also positive at 40 degrees bilaterally, she had absent deep tendon reflexes at the knees bilaterally, and she had decreased sensation in the lateral thigh bilaterally. The patient has been diagnosed with lumbar radiculopathy and does have positive objective findings consistent with radiculopathy, which rules out facet joint pain according to the guidelines. Additionally, the request for anesthesia for the procedure is not supported as the guidelines state that the use of sedation or pain medications may be grounds to negate the results of a diagnostic block, and there was no documentation of extreme anxiety regarding the procedure. For these reasons, the request is not supported.

30 tablets of Valium 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS guidelines state that benzodiazepines are not recommended for long-term use, as long-term efficacy has not been proven and there is a significant risk for dependence on these medications. The use of benzodiazepines is usually limited to 4 weeks. As benzodiazepines are not recommended for long-term use, the request is not supported.

90 tablets of Oxycodone 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

Decision rationale: The clinical information submitted for review suggests that the patient was worried about her intake of acetaminophen, as she had been taking 4-6 Vicodin per day. Therefore, a request was submitted for a prescription for Oxycodone 30mg to use every 8 hours. The California MTUS Guidelines state that for the ongoing management of patients taking opioid medications, ongoing review and documentation of pain relief, functional status, and the 4 A's for ongoing monitoring is required. The 4 A's include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation does not state the extent of the patient's pain relief, which should include her current pain, the least reported pain over the period since the last assessment, her average pain level, the intensity of her pain after

taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, the guidelines for the dosing of opioid medications state that dosing should not exceed 120 oral morphine equivalents per day. With the patient taking 30mg three times a day, her daily oral morphine equivalent would be 135mg, which exceeds the guidelines' limits. As her opioid dosing exceeds the limits set by the California guidelines, and detailed documentation of the patient's pain outcomes, functional status, and the 4 A's for ongoing monitoring, was not provided, the request is not supported.

90 tablets of Baclofen 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The patient does not have diagnoses of cerebral palsy, MS, or a spinal cord injury, and there was no spasm noted on her most recent physical examination. For these reasons, the request is not supported.