

Case Number:	CM13-0034352		
Date Assigned:	12/06/2013	Date of Injury:	09/24/2003
Decision Date:	02/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic leg pain, and knee arthritis reportedly associated with an industrial injury of September 24, 2003. Thus far, the applicant has been treated with the following: Analgesic medications and attorney representation. In a utilization review report of October 2, 2013, the claims administrator apparently denied a request for facet blocks, Motrin, Norco, and Restoril. The applicant's attorney later appealed on October 10, 2013. However, no clinical progress notes were attached to the request for authorization. The applicant's attorney has not furnished any narrative or rationale to accompany the application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Blocks from L4-L5 bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back, Facet Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, table 12-8, facet joint blocks are "not recommended." In this case, no rationale, narrative, or clinical

information has been supplied or attached to the application for IMR so as to try and offset the unfavorable ACOEM recommendation. Again, no clinical progress notes were attached. Therefore, the request is not medically necessary or appropriate.

Motrin 800mg, #30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: While the California MTUS Chronic Pain Medical Guidelines does suggest that anti inflammatory medications do represent the traditional first line of treatment for chronic low back pain, in this case, as with the facet blocks, no applicant specific or clinical information was attached to the request for authorization or application for IMR. It is unclear whether this represents a refill request or De Novo request. Based on the fact that multiple refills are being sought, it appears to represent a refill request. There is no clear evidence of functional improvement as evinced by progressively diminishing work restrictions, improved performance of activities of daily living, and/or reduction in dependence on medical treatment so as to justify continuing Motrin here. Therefore, the request is not medically necessary or appropriate.

Norco 10/325mg, #90, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted by the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain. In this case, however, there is no clear evidence that the aforementioned criteria have been met. The applicant's work and functional status are unknown. No clinical progress notes were attached to the request for authorization. The prior response to Norco has not been clearly stated. Therefore, the request is not medically necessary or appropriate.

Restoril 30mg, #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 41.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does not endorse chronic or long-term usage of benzodiazepines, either for pain, sleep, insomnia, anxiety, antidepressant effect, anticonvulsant effect, etc. In this case, the attending provider has not clearly furnished any compelling rationale to offset the unfavorable MTUS recommendation, nor has the attending provider established the presence of functional improvement effected through prior usage of Restoril. Therefore, the original utilization review decision is upheld. Therefore, the request is not medically necessary or appropriate.