

Case Number:	CM13-0035589		
Date Assigned:	12/13/2013	Date of Injury:	12/05/2007
Decision Date:	02/04/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery, has Fellowship training in Spine Surgery, 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.

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 33-year-old male who reported injury on December 5, 2007 with the mechanism of injury being a motor vehicle accident. The patient was noted to sustain a talonavicular fracture, a cuboid fracture, and a traumatic brain injury. The patient was noted to have low back pain with occasional radiating pain, right greater than left, right foot pain, abdominal pain, and a history of a traumatic injury. The patient's diagnoses were noted to include pain in joint, ankle/foot, lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, spasm of muscle and abdominal pain. The request was made for consultation for surgical options and left medial branch block at L3, L4, and L5, Percocet 10/325 #90, Soma 350 mg #75, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for surgical options and left medial branch block at L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 306, 309. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block, Online Version

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines state that surgical consultation are appropriate for patients with severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. They should have documented activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to indicate the patient had radiculopathy on examination. There was also a lack of documentation indicating the patient had a sensory examination which would confirm neural compromise. It was noted on examination that the patient had left greater than right lumbar low back pain and the patient's gait was mildly ataxic. This was noted to be unchanged from previous examinations. Given the lack of documentation of neurologic findings, the portion of the request for consultation for surgical options would not be supported. Additionally, there was lack of documentation of activity limitations due to radiation leg pain symptoms and a lack of documentation indicating the patient had failure of conservative treatments to resolve disabling radicular symptoms. American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The clinical documentation submitted for review indicated that the patient had low back pain and a physical examination that revealed the patient had left greater than right low back pain with facet tenderness. However, it failed to provide the patient had a normal sensory examination, the absence of radicular findings, and a normal straight leg raise exam to support a possible left medial branch block L3, L4, and L5; however, as a therapeutic injection is not recommended per Official Disability Guidelines, and there is a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, this portion of the request would not be supported. Given the above, the request for consultation for surgical options and left medial brand block L3, L4, and L5 is not medically n

Percocet 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, On-going Management, Opioid Dosing Page(s): 75,78,86.

Decision rationale: California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120

mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review indicates the patient is taking OxyContin in addition to the Percocet. As such, the morphine equivalents per day would equal 180 mg which exceeds recommended guidelines. There is documentation of the 4 A's for this medication. However, clinical documentation submitted for review fails to provide the necessity for 90 tablets, as previously stated that would be in excess of the recommended dosage. Given the above, the request for Percocet 10/325 #90 is not medically necessary.

Soma 350 mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29, 65.

Decision rationale: California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The clinical documentation submitted for review indicated that the patient had paralumbar spasms with low back pain on extension; however, clinical documentation submitted for review failed to provide the necessity for the medication for greater than a 2 to 3 week period. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for Soma 350 mg #75 is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines, May 2009; University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg(s). 10, 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. Clinical documentation submitted for review failed to indicate the patient had documented issues of abuse, addiction or poor pain control. Given the above, the request for Urine Drug Screen is not medically necessary.