MAXIMUS Federal Services

Case Number:	CM13-0035797		
Date Assigned:	12/13/2013	Date of Injury:	12/21/2011
Decision Date:	02/11/2014	UR Denial Date:	10/03/2013
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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 45 year old male with a date of injury of 12/21/2011. According to a report dated 09/24/2013 by [redacted], the patient presented with severe escalation of low back pain axially radiating to mid back area. On examination, there was increased lumbar lordosis, range of motion of the lumbar spine and right shoulder was restricted. Paravertebral muscle spasm and localized tenderness was present in lumbar facet joint area at L3-L4, L4-L5 and L5-S1. Hyperextension maneuver of lumbar spine was positive. Bilateral sitting straight leg raise was 50-60 degrees. The patient has diagnoses of lumbar disc protrusion at L2-L3, disc bulge at L4-L5 with foraminal narrowing, and lumbar facet hypertrophy at L3-L4 and L4-L5. The provider is requesting bilateral L3 and L4 medial branch blocks, Polar Frost, Naproxen, Zanaflex, Prilosec and Docusate Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 and L4 medial branch blocks: Overturned

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 12 Low Back Complaints Page(s): s 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The report dated 09/24/2013 states that the patient is having severe localized low back pain axially radiating to the mid back area and noted positive MRI for L3-L4 and L4-L5 facet joint arthropathy. The provider is requesting bilateral L3 and L4 medial branch blocks. He states that if the patient receives more than 70% pain relief with the medial branch blocks, he would be a candidate for radiofrequency lesioning for longer duration of pain relief. There is documentation of paravertebral tenderness of the facet joints. The ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal medial branch diagnostic blocks. The ODG guidelines do support facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms. This patient meets the criteria. Therefore, bilateral L3 and L4 medial branch blocks are medically necessary and appropriate.

Polar Frost: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The report dated 09/24/2013 states that the provider recommended discontinuing the Lidocaine patch and starting Polar Frost. MTUS guidelines do not discuss cold gel packs or topical cold packs. However, the ODG guidelines have a discussion regarding Biofreeze, which is similar to Polar Frost, for cold/heat packs. The guidelines state that these are recommended for acute pain only. Since this patient suffers from chronic pain, he does not meet the criteria listed in the guidelines. Therefore, Polar Frost is not medically necessary or appropriate.

Naproxen: Overturned

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 Page(s): s 22, 67-68.

Decision rationale: This patient presents with severe escalation of low back pain axially radiating to the mid back area. The provider recommends a refill of Naproxen. The Chronic Pain Medical Treatment Guidelines state that anti-inflammatory drugs are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Specifically, for chronic low back pain, the guidelines say that

nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short term symptomatic relief. Given the patient's chronic low back pain and the guidelines recommending NSAIDs for chronic low back pain, this patient meets the criteria. Therefore, Naproxen is medically necessary.

Zanaflex: Overturned

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 Page(s): 66.

Decision rationale: This patient presents with severe escalation of low back pain axially radiating to his mid back area. The provider recommends a refill of Zanaflex. The guidelines allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. Given this patient's chronic low back pain, the criteria have been met and Zanaflex is medically necessary and appropriate.

Prilosec: Overturned

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 Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: This patient presents with severe escalation of low back pain axially radiating to the mid back area. The provider requests Prilosec for the patient's upset stomach and heartburn. The patient is on a high dose Naproxen for pain and inflammation. The Chronic Pain Medical Treatment Guidelines state that Omeprazole is recommended with precautions. However, the patient is having GI side effects from NSAIDs and is taking a high dose of Naproxen. Therefore, Prilosec is medically necessary and appropriate.

Docusate Sodium: 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 Page(s): s 76-78.

Decision rationale: This patient presents with severe escalation of low back pain axially radiating to his mid back area. The patient's medications include Naproxen, Zanaflex, Neurontin and Prilosec. A progress report dated 09/24/2013 simply states that the patient is to start Docusate Sodium for constipation. There is no documentation of constipation. The MTUS

guidelines discuss prophylactic medication for constipation when opiates are used. In this case, the patient is not on any opiates. Therefore, the requested Docusate Sodium is not medically necessary or appropriate at this time.