

Case Number:	CM13-0037688		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2003
Decision Date:	03/12/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 56 year old male with a date of injury of 09/10/2003. The listed diagnoses per [REDACTED] dated 10/01/2013 are: 1. L4-S1 disc degeneration/facet arthropathy 2. Right distal radius fracture, healed, with intermittent chronic pain 3. Bilateral lumbar radiculopathy According to report dated 10/01/2013 by [REDACTED], patient presents with chronic lumbar spine pain, which radiates into the buttocks and flanks. He has some intermittent complaints into the lower extremities. Examination of the lumbar spine shows antalgic gait with use of single point cane. There is palpable tenderness of the paravertebral muscles, buttocks and flanks. Dorsalis pedis and posterior tibial pulses are present. MRI of the lumbar spine dated 09/19/2013 reveals mild bilateral L3-L4 and L4-L5 lateral recess narrowing, causing mild effacement of the transiting L4 and L5 nerve roots. Laterally directed disc and osteophyte disease mildly effaces the exiting right L5 nerve root in the extra foraminal zone. Treating physician requests authorization for pain management consultation with facet injections from L4-S1 to the left and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult and facet injections from L4-S1 to the Left, unspecified number of injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 503. Decision based on Non-MTUS Citation ACOEM, Second Edition (2004), Chapter 7, page 503

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: This patient presents with chronic lumbar spine pain, which radiates into the buttocks and flanks. Treating physician requests pain management consult and facet injections from L4 to S1 on the left. He states "if patient has adequate relief from the facet injections he would benefit from a RFA." Utilization review dated 10/11/2013 modified certification to approve pain management consultation only. ACOEM guidelines do not support facet joint injections for treatments but does discuss dorsal median branch blocks (p300, 301). For a more thorough discussion of facet joint diagnostic and therapeutic evaluations, ODG guidelines are consulted. ODG guidelines do support facet diagnostic evaluation for patients presenting with paravertebral tenderness and non-radicular symptoms but that the injections should be limited to no more than 2 levels. ACOEM guidelines do not support facet injections, and for diagnostic facet evaluation, ODG guidelines limit it to no more than 2 levels and non-radicular symptoms. The requested pain management consult and facet injections are medically necessary and recommendation is for authorization.

Percocet 10/325mg #60: 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): 88 and 89.

Decision rationale: This patient presents with chronic lumbar spine pain, which radiates into the buttocks and flanks. Treating physician is requesting Percocet #60 for "break through pain". Utilization review dated 10/11/2013 modified certification from #60 to #30. For chronic opiates use, MTUS guidelines (MTUS pgs 88, 89) require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. In the 7 reports provided for review, there was no discussion regarding how Percocet has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy from chronic opiates use, the patient should now slowly be weaned as outlined in MTUS guidelines. The requested Percocet 10/325mg #60 is not medically necessary and recommendation is for denial.