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| Case Number: | CM13-0040731 | | |
| Date Assigned: | 03/21/2014 | Date of Injury: | 02/09/1998 |
| Decision Date: | 04/29/2014 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in 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 expert 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 60-year-old who reported an injury on February 9, 1998. The mechanism of injury was that the patient was helping a stroke patient up off the ground, and the patient suffered a low back injury. It further documented that the patient was maintained on high doses of opioids, including Fentanyl and OxyContin as well as diazepam. The documentation of September 23, 2013 revealed that the patient had a T11-L5 fusion and had medication withdrawal symptoms. Objectively, the patient had limited range of motion in the thoracic and lumbar spine due to pain and diffusion. The patient was tender along the thoracic paraspinals and over the facets at the T10-11 junction. The patient had mild tenderness over the upper trapezius and cervical paraspinal muscles. The patient's diagnoses include status post T11-L5 fusion in 2001, status post L4 discectomy in 1998, status post work-related injury on February 9, 1998, chronic left lumbosacral radiculopathy and status post opioid detox in 11/2012. The plan included that the patient was feeling better and had what she perceived were withdrawal symptoms, including shaking and anxious feelings. The patient's anxiety was centered around dental procedures, for which she had a number of them coming up per the examination note. The patient had significant pain at the level above the fusion and up into the back and neck. The patient had undergone 12 sessions of physical therapy with limited benefit. The physician opined that most of the patient's pain was coming from the T10-11 junction at the top of the fusion. Additionally, the physician indicated that mobilizing the patient's facets reproduced pain, and the patient had discomfort with extension and rotation. It was indicated that the patient may benefit from a trial of medial branch blocks and trigger point injections. The patient had a home exercise program which she was continuing with and was seeing a psychologist. Additionally, the patient was utilizing Cymbalta. The physician stated that they wished to try Nucynta ER 50 mg twice a day to see if it was helpful. It was indicated that the patient had previously been maintained on

very high doses of opioids, but there was verbalization that the physician would not be prescribing opioid medications for the patient. It was indicated that the patient was asking for a low dose of Valium for the upcoming root canal and dental work, and the patient had a refill of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCKS TARGETING THE BILATERAL T10-T11 FACETS:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines indicate that facet injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is lacking, many physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. The ACOEM Guidelines do not address the criteria for medial branch blocks. As such, there was application of the Official Disability Guidelines, which indicate that joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain, which includes tenderness to palpation in the paravertebral area over the facet region and the absence of radicular findings. The clinical documentation submitted for review indicated that the patient had tenderness to palpation over the paravertebral facet region and pain with flexion and extension. However, it failed to indicate what the next step would be if the patient had a positive response.

PRESCRIPTION OF NUCYNTA ER 50MG, #60: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function and an objective decrease in pain. The clinical documentation submitted for review indicated that the patient had previously been on opioid medications. There was a lack of documentation of the objective functional benefit that was received from the medications. Nucynta is an opioid medication. The request for a prescription of Nucynta ER 50 mg, 60 count, is not medically necessary or appropriate

PRESCRIPTION OF VALIUM 5MG, #8: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain. The clinical documentation submitted for review indicated that the patient was utilizing the medication for anxiety and the patient was anxious about her upcoming dental procedures per the documentation. It was indicated that the patient had previously been on the medication; however, there was a lack of documentation of the efficacy of the requested medication. Additionally, there was a lack of documentation indicating frequency for the medication usage. The request for a prescription of Valium 5 mg, 8 count, is not medically necessary or appropriate.

PRESCRIPTION OF LIDODERM PATCHES #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Section, Page(s): 56-57.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The clinical documentation submitted for review failed to indicate that the patient had trialed and failed first-line medication therapy. Additionally, it was indicated that this medication was a refill; however, the duration of care could not be established, as there was no prior documentation indicating prior usage. The request failed to indicate a strength of the patches being requested. The request for a prescription of Lidoderm patches, 60 count, is not medically necessary or appropriate.