

Case Number:	CM13-0042581		
Date Assigned:	03/28/2014	Date of Injury:	04/01/2007
Decision Date:	05/07/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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:

According to the records made available for review, this is a 53-year-old male with a 4/1/07 date of injury, and L4-L5 fusion with instrumentation 8/17/10. At the time (7/23/13) of request for authorization for Right Facet Joint Injections L4-5 Quantity 1.00, Left Facet Joint Injections L4-5 Quantity 1.00, Methadone Quantity 1.00, and Cymbalta Quantity 1.00, there is documentation of subjective (low back pain radiating to bilateral lower extremities with tingling sensation in both feet with significant low back stiffness) and objective (difficulty getting up from a seated position, using cane for assistance in ambulation, limited range of motion of the lumbar spine in all directions, tenderness over the lumbar spinous processes, moderate tightness, tenderness, trigger points with spasms in the lumbar paravertebral, quadratus lumborum, gluteus medius, maximus, and piriformis muscles bilaterally, diminished Achilles reflexes and diminished sensation at the right L4, L5, and S1 nerve root distributions) findings, current diagnoses (L4-L5 fusion with instrumentation, lumbar radiculopathy, lumbar disc degenerative disease, degenerative arthritis of the lumbar spine, and major depressive disorder), and treatment to date (lumbar epidural steroid injection, physical therapy, activity modification, and medications (including NSAIDs, Methadone and Cymbalta). Medical report identifies that medications provide some relief of pain. Treatment plan identifies a request for L3-4, L4-5, and L5-S1 facet joint injections to decrease low back pain with stiffness. Regarding right and left facet joint injections, there is no documentation of pain that is non-radicular, pain at no more than two levels bilaterally, that no more than 2 joint levels to be injected in one session, and no previous fusion procedure at the planned injection level. Regarding Methadone, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no

documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Methadone. Regarding Cymbalta, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT FACET JOINT INJECTIONS L4-5 QUANTITY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of facet joint injections. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet joint injections. ODG identifies documentation of no previous fusion procedure at the planned injection level, as additional criteria to support the medical necessity of facet joint injections. Within the medical information available for review, there is documentation of diagnoses of L4-L5 fusion with instrumentation, lumbar radiculopathy, lumbar disc degenerative disease, and degenerative arthritis of the lumbar spine. In addition, there is documentation of low-back pain and failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of subjective findings (low back pain radiating to bilateral lower extremities with tingling sensation in both feet) and objective findings (diminished Achilles reflexes and diminished sensation at the right L4, L5, and S1 nerve root distributions), there is no documentation of pain that is non-radicular. In addition, given documentation of a treatment plan identifying a request for L3-4, L4-5, and L5-S1 facet joint injections, there is no documentation of pain at no more than two levels bilaterally and that no more than 2 joint levels to be injected in one session. Furthermore, given documentation of a previous fusion with instrumentation at L4-5, there is no documentation of no previous fusion procedure at the planned injection level. Therefore, based on guidelines and a review of the evidence, the request for Right Facet Joint Injections L4-5 Quantity 1.00 is not medically necessary.

LEFT FACET JOINT INJECTIONS L4-5 QUANTITY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of facet joint injections. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet joint injections. ODG identifies documentation of no previous fusion procedure at the planned injection level, as additional criteria to support the medical necessity of facet joint injections. Within the medical information available for review, there is documentation of diagnoses of L4-L5 fusion with instrumentation, lumbar radiculopathy, lumbar disc degenerative disease, and degenerative arthritis of the lumbar spine. In addition, there is documentation of low-back pain and failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of subjective findings (low back pain radiating to bilateral lower extremities with tingling sensation in both feet) and objective findings (diminished Achilles reflexes and diminished sensation at the right L4, L5, and S1 nerve root distributions), there is no documentation of pain that is non-radicular. In addition, given documentation of a treatment plan identifying a request for L3-4, L4-5, and L5-S1 facet joint injections, there is no documentation of pain at no more than two levels bilaterally and that no more than 2 joint levels to be injected in one session. Furthermore, given documentation of a previous fusion with instrumentation at L4-5, there is no documentation of no previous fusion procedure at the planned injection level. Therefore, based on guidelines and a review of the evidence, the request for Left Facet Joint Injections L4-5 Quantity 1.00 is not medically necessary.

METHADONE QUANTITY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 61-62, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 61-62, 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or

medical services. Within the medical information available for review, there is documentation of diagnoses of L4-L5 fusion with instrumentation, lumbar radiculopathy, lumbar disc degenerative disease, and degenerative arthritis of the lumbar spine. In addition, there is documentation of Methadone used as a second-line drug for moderate to severe and that Methadone is being prescribed by providers with experience in using it. Furthermore, there is documentation of records reflecting prescriptions for Methadone of unknown duration. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of a rationale that medications provide some relief of pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Methadone. Therefore, based on guidelines and a review of the evidence, the request for Methadone Quantity 1.00 is not medically necessary.

CYMBALTA QUANTITY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIS Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DULOXETINE (CYMBALTA) Page(s): 43-44. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, ANTIDEPRESSANTS FOR CHRONIC PAIN.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder. In addition, there is documentation of depression. Furthermore, there is documentation of records reflecting prescriptions for Cymbalta of unknown duration. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cymbalta. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta Quantity 1.00 is not medically necessary.