

Case Number:	CM13-0046792		
Date Assigned:	12/27/2013	Date of Injury:	05/19/2005
Decision Date:	03/19/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	11/01/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Maryland and Florida. 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:

This 58-year-old male was injured on 5/19/05. The mechanism of injury was lifting an 80-pound block of sheet rock when he felt pain. The patient had been under the care of the treating physician for lumbosacral spondylosis without myelopathy, lumbar intervertebral disc displacement without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis. The most recent progress note dated 8/22/13 was provided for review. The patient presented for medication refills. It was noted he was only authorized for two levels of facet injections and always had 4 levels done. He got some relief from the two levels, but still had pain. A physical examination revealed loss of lumbar lordosis, and tenderness to palpation bilaterally at the paraspinal muscles. Range of motion (ROM) was reduced. Strength and sensation were intact. Medications were refilled, including Methadone, Norco, and Diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76,77and 82.

Decision rationale: With respect to the request for Norco 10/325mg #120, this is not supported by the guidelines. Significant pain relief and functional improvement as a result of the intake of Norco was not specified to justify the continuation of this medication. The guidelines does not recommend opioid as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Official Disability Guidelines states: Recommended as a 2nd or 3rd line treatment option at doses $\hat{\mu}$ 120 mg daily oral morphine equivalent dose (MED). Given that the patient has not had any long-term functional improvement gains from taking Norco over the past several months, it is warranted for the patient to begin weaning from Norco. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term Opioid users because Opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of Opioids are required beyond what is usually required for the condition or pain does not improve on Opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for Norco 10/325mg #120 is not medically necessary.

request for Right Facet Injection at L3-L4, L4-L5 and L5-S1: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Lumbar and Thoracic (Acute and Chronic) (updated 3/10/14)-Facet joint diagnostic blocks (injections).

Decision rationale: The medical necessity for facet joint injection is not supported based on the documentation provided for review. The documentation did not contain imaging studies supporting facet arthropathy or contain exam findings to support the patient's pain being primarily facetogenic in nature, and documentation criterion for facet injections. The request also exceeds guideline recommendations of a maximum to two joint levels. Furthermore, the guidelines do not support therapeutic facet injections, as one set of diagnostic medial branch blocks is recommended followed by performance of facet neurotomy if there is a positive response to medial branch block. Official Disability Guidelines stipulates that facet injection should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The medical necessity of right facet injections at L3-L4, L4-L5, and L5- S1 is not supported.

request for Left Facet Injection L3-4: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Lumbar and Thoracic (Acute and Chronic) (updated 3/10/14)-Facet joint diagnostic blocks (injections).

Decision rationale: The medical necessity for facet joint injection is not supported based on the documentation provided for review. The documentation did not contain imaging studies supporting facet arthropathy or contain exam findings to support the patient's pain being primarily facetogenic in nature, and documentation criterion for facet injections. The request also exceeds guideline recommendations of a maximum to two joint levels. Furthermore, the guidelines do not support therapeutic facet injections, as one set of diagnostic medial branch blocks is recommended followed by performance of facet neurotomy if there is a positive response to medial branch block. Official Disability Guidelines stipulates that facet injection should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The medical necessity of left facet injections at L3-L4. Is not medically necessary.

Methadone HCL 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61 to 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 1/7/2014) Methadone

Decision rationale: With respect to Methadone 10mg #180, the guidelines does not support it. Chronic Pain Medical Treatment guidelines "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk." There is no evidence that the patient has exhausted or has failed to respond to first-line pain medications to warrant the use of methadone the same guideline states, "Recommend that dosing 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 documentation submitted for review detailed that the patient currently had a daily Morphine equivalent dose equaling 640mg oral Morphine equivalent. As such, the request for Methadone 10mg #150 is not supported. However, the Chronic Pain Medical Treatment Guidelines endorses weaning versus abrupt discontinuation. As such, the request is modified to Methadone HCl 10mg #75 for weaning purposes by the previous UR Physician. Therefore the request for Methadone HCL 10mg, #180 is not medically necessary.

Diazepam 10mg #45 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 3/10/2014)-Benzodiazepines.

Decision rationale: With respect to the prescription of valium Diazepam 10mg #45 with 5 refills, the guideline does not support a long term use of this medication. Most guideline limit is 4 weeks. The guideline does not recommend this medication as the first line treatment Official Disability Guidelines (ODG) in patients with chronic pain. Chronic Pain Medical Treatment Guidelines recommended antidepressants as the most appropriate treatment for anxiety. Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. Therefore this request for valium 2mg bid for unknown duration of treatment is not medically necessary, since there is no documentation of specific need and the efficacy of previous treatment.