

Case Number:	CM13-0047210		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2010
Decision Date:	03/06/2014	UR Denial Date:	10/25/2013
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 Anesthesiology, 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 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 46-year-old male who sustained a work-related injury on 8/25/10. There is documentation of subjective findings of low back pain, neck pain and bilateral upper and lower extremity numbness and tingling, as well as stress and anxiety. There are also objective findings of decreased sensation at the bilateral L4 and L5 dermatomes, positive straight leg raise bilaterally, and positive facet loading. Current diagnoses include cervical spondylosis, cervicogenic headaches, C3-4 stenosis, severe L4-5 and L5-S1 stenosis, PTSD, chronic pain, and lumbar facet arthropathy. Treatment to date has included medications (Lexapro, Prilosec, Tramadol, Zanaflex, and Norco since at least 6/4/12) that are helping decrease the pain, psychiatric follow-ups, and physical modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for medial branch blocks at L3-4, L4-5, and L5-S1 facets: Upheld

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): 300..

Decision rationale: The MTUS criteria for medial branch blocks include documentation of non-radicular facet mediated pain. The Official Disability Guidelines state that medial branch blocks may be recommended in the case of non-radicular low back pain, and after failure of conservative treatment (home exercise, physical therapy, NSAIDs). No more than two bilateral levels may be injected in one session. There is documentation of low back pain and failure of conservative treatment (including home exercise, physical modalities, and medications). However, given documentation of low back pain with lower extremity numbness and tingling, and decreased sensation at the bilateral L4 and L5 dermatomes, there is no documentation of pain that is non-radicular. In addition, the request concerns three facet levels, exceeding guideline limits. Therefore, the request is not medically necessary.

request for 90 Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Flexeril is recommended for a short course of therapy. The Official Disability Guidelines state that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain, and for short-term treatment of acute exacerbations in patients with chronic low back pain. The patient has been diagnosed with cervical spondylosis, cervicogenic headaches, C3-4 stenosis, severe L4-5 and L5-S1 stenosis, PTSD, chronic pain, and lumbar facet arthropathy. However, there is no documentation of acute muscle spasms. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, the request is not medically necessary.

request for 90 Hydrocodone/APAP 10/325mg: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that prescriptions of opioids come from a single practitioner. They also require that the prescription is for the lowest dose, and that the prescriber will document an ongoing review of pain relief, functional status, appropriate medication use, and side effects. Guidelines also state that opioids for chronic back pain appear to be efficacious in the short-term; long-term efficacy is unclear, but also appears limited. The patient has diagnoses of cervical spondylosis, cervicogenic headaches, C3-4 stenosis, severe L4-5 and L5-S1 stenosis, PTSD, chronic pain, and lumbar facet arthropathy. However, there is no documentation that the prescriptions listed are from a single practitioner and are taken as directed, nor is there documentation that the lowest possible dose is

being prescribed, and that an ongoing review will be documented. Furthermore, since Norco has been prescribed since at least 6/4/12, there is no documentation of short-term treatment. Therefore, the request is not medically necessary.

60 Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, and Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that risk factors for a gastrointestinal event are being over 65 years of age; having a history of peptic ulcers, GI bleeding, or perforation; taking aspirin, corticosteroids, and/or an anticoagulant; and/or taking high doses of NSAIDs, or multiple types of NSAID. The Official Disability Guidelines state that proton pump inhibitors are recommended for patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient is diagnosed with cervical spondylosis, cervicogenic headaches, C3-4 stenosis, severe L4-5 and L5-S1 stenosis, PTSD, chronic pain, and lumbar facet arthropathy. However, there is no documentation of GI disorders or of the patient utilizing chronic NSAID therapy. Therefore, the request is not medically necessary.

request for 60 Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-113..

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that prescriptions of opioids come from a single practitioner. They also require that the prescription is for the lowest dose, and that the prescriber will document an ongoing review of pain relief, functional status, appropriate medication use, and side effects. Guidelines also state that opioids for chronic back pain appear to be efficacious in the short-term; long-term efficacy is unclear, but also appears limited. The patient has diagnoses of cervical spondylosis, cervicogenic headaches, C3-4 stenosis, severe L4-5 and L5-S1 stenosis, PTSD, chronic pain, and lumbar facet arthropathy. However, there is no documentation that the prescriptions listed are from a single practitioner and are taken as directed, nor is there documentation that the lowest possible dose is being prescribed, and that an ongoing review will be documented. Furthermore, since Tramadol has been prescribed since at least 6/4/12, there is no documentation of short-term treatment. Therefore, the request is not medically necessary.

request for 60 Topiramate 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate may be recommended for neuropathic pain when trials of other anticonvulsants have failed. The patient has diagnoses of cervical spondylosis, cervicogenic headaches, C3-4 stenosis, severe L4-5 and L5-S1 stenosis, PTSD, chronic pain, and lumbar facet arthropathy. Furthermore, given the documentation of low back pain, neck pain, bilateral upper and lower extremity numbness and tingling, decreased sensation at the bilateral L4 and L5 dermatomes, positive straight leg raise bilaterally, and positive facet loading, it is clear that neuropathic pain is present. However, there is no documentation that trials of other anticonvulsants have failed. Therefore, the request is not medically necessary.

request for psychiatric follow-ups: Upheld

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 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS/ACOEM guidelines state that follow-up visits can be supported based on the severity of the patient's symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether or not the patient is missing work. The Official Disability Guidelines state that office visits play a critical role in arriving at the proper diagnosis, and the patient's return to function. Such visits can be supported based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient has diagnoses of cervical spondylosis, cervicogenic headaches, C3-4 stenosis, severe L4-5 and L5-S1 stenosis, PTSD, chronic pain, and lumbar facet arthropathy. There is also documentation of previous psychiatric follow-ups. However, there is no documentation of the rationale for these requested follow-up sessions, nor is there a medical report from a psychiatrist requesting these visits. Therefore, the request is not medically necessary.