

Case Number:	CM13-0051677		
Date Assigned:	12/27/2013	Date of Injury:	07/24/2004
Decision Date:	05/02/2014	UR Denial Date:	11/10/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology and Pain Management and is licensed to practice in 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 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 injured worker reported an injury on 07/24/2004. The mechanism of injury was the injured worker was working under a forklift type device when a car fell on him and sustained multiple fractures of his pelvis and a lumbar injury as well as a shoulder injury. He had a lumbar laminectomy and a shoulder arthroscopy in 2006. The injured worker subsequently underwent a multilevel interbody lumbar fusion and an anterior/posterior fusion. The clinical documentation indicated the injured worker had a urine drug screen that was appropriate for the medications in 08/2013. The injured worker's medication history included Medrox patches as of 08/2013. The documentation of 10/08/2013 revealed the injured worker had low back pain of an 8/10. The injured worker had paraspinal spasms and tenderness with limited extension associated with severe pain. The Kemp's test was positive bilaterally. The motor examination was 5/5 in the lower extremities. Sensory examination was intact. The diagnoses included status post anterior lumbar fusion at L4-5 and L5-S1 with residuals, right shoulder musculoligamentous sprain/strain, and L3 through S1 facet hypertrophy. A CT scan of 10/01/2013 revealed the injured worker had facet arthropathy at L3 through S1. The treatment plan included a medial branch block injection for C3 through S1, Medrox patches, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL L3-S1 LUMBAR SPINE FACET BLOCK/MEDIAL BRANCH BLOCK:
Upheld

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

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 California ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain 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 is the application of the Official Disability Guidelines, which indicate that facet 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, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. It is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker had tenderness to palpation, had a normal sensory examination and the absence of radicular findings. However, there was a lack of documentation of a normal straight leg raise exam. There was a lack of documentation indicating the necessity for 3 levels, as 2 levels are permitted per California MTUS Guidelines. Additionally, there was a lack of documentation indicating if the injured worker had a positive response what the next step would be. Given the above, the request for 1 bilateral l3-s1 lumbar spine facet block/medial branch block is not medically necessary.

1 URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had an appropriate urine drug screen on 08/08/2013. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for 1 urine drug screen is not medically necessary.

1 PRESCRIPTION OF MEDROX PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates, Topical Capsaicin, Page(s): 111, 105, 28. Decision based on Non-MTUS Citation Medrox online package insert

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended ... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments ... There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The injured worker was noted to have started the Medrox patches in 08/2013. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain and failed to indicate that the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency or the strength of the Medrox patches. There was a lack of documentation of the functional benefit and efficacy received from the medication. Given the above, the request for 1 prescription of Medrox patches #30 is not medically necessary.