

Case Number:	CM13-0054521		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2008
Decision Date:	03/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 63-year-old male who reported an injury on 07/15/2008. The mechanism of injury was noted to be the patient was wearing a duty belt and was noted to fall and misstep into a vehicle. The patient's diagnosis was noted to be displacement of the lumbar intervertebral disc without myelopathy. The recent examination to accompany the requested service indicated the patient had a complaint of right-sided axial back pain that did not radiate into his leg on the right. The patient had numbness in the left lower extremity; however, did not have radiating pain into the left lower extremity since an epidural on 08/01/2013. The patient's medications were noted to be Gabapentin 600 mg 3 times a day and Nucynta 75 mg 2 to 3 times per day. The patient denied nausea, constipation, or pain. The medications were noted to reduce the patient's pain and allow him to function. The physical examination revealed the patient had tenderness to palpation over the lumbar facet joints, right side greater than left. There was tenderness to palpation over the T12 paraspinal muscles and range of motion of the lumbar spine was decreased in all planes. The patient had decreased sensation in the left L5 dermatome and the motor examination of the left lower extremity revealed 4+/5 strength. The diagnoses were noted to include lumbago, lumbar degenerative disc disease, facet arthropathy, spondylosis, and lumbar radiculopathy. The treatment plan was noted to include a right-sided lumbar medial branch block at 2, 3, 4, and 5 as the patient had facet degenerative changes and the pattern of persistent axial back pain. The request was made for a right lumbar medial branch block and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar medial branch block 2,3,4,5: Upheld

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

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: 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. No more than 2 joint levels may be blocked at any one time. The clinical documentation submitted for review indicated the patient had tenderness to palpation; however, the patient had an abnormal sensory examination as it was indicated that the patient had decreased sensation in the left L5 dermatome and motor examination of the left lower extremity of 4+/5. There was lack of documentation indicating a straight leg raise examination. Given the above, the request for a right lumbar medial branch block at 2, 3, 4, and 5 is not medically necessary.

Nucynta 75mg #90 (no refills): Upheld

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

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

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, evidence that the patient is being monitored for aberrant drug behavior, and documentation of side effects. The clinical documentation submitted for review indicated the patient was having no side effects and indicated that the medications reduce the patient's pain and allowed the patient to function. However, there was lack of documentation of objective functional improvement, as well as an objective decrease in the VAS score. There was lack of documentation of the patient was being monitored for aberrant drug behavior per the care's report. Given the above, the request for Nucynta 75 mg #90 is not medically necessary.

Gabapentin 600mg #90 (no refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs Section Page(s): 16.

Decision rationale: California MTUS guidelines indicate that anti-epileptic drugs are first line treatment for chronic pain and there should be documentation of objective functional benefit from the medication as well as an objective decrease in the VAS score. The clinical documentation indicated that the medications reduce the patient's pain and allowed the patient to function. However, there was lack of documentation of objective functional improvement, as well as an objective decrease in the VAS score. Given the above, the request for Gabapentin 600mg #90 is not medically necessary.