

Case Number:	CM13-0060315		
Date Assigned:	12/30/2013	Date of Injury:	02/19/2001
Decision Date:	04/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/03/2013

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 & Rehabilitation 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:

This patient reported a date of injury of 2/19/01. A utilization review determination dated 11/8/13 recommends non-certification of bilateral L3-5 medial branch blocks and multiple medications. 11/6/13 medical report identifies low back pain radiating to the hip, pelvic and SI joint pain, neck pain radiating to the bilateral wrists, bilateral shoulder pain, and right ankle pain. Pain is 8-9/10 with medications and 9-10/10 without. On exam, there is decreased range of motion (ROM), pain significantly increased with flexion, extension, and rotation, tenderness in the lumbar spine L4-S1, and positive facet signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Bilateral L3-5 Medial Branch Block (MBB): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections)

Decision rationale: Regarding the request for bilateral L3-5 MBB, CA MTUS states that invasive techniques are of questionable merit. ODG state that medial branch blocks may be

indicated if there is tenderness to palpation in the paravertebral area over the facets, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there is documentation of pain significantly increased with flexion, extension, and rotation, tenderness in the lumbar spine, and positive facet signs. There are no symptoms/findings suggestive of lumbar radiculopathy. In light of the above, the currently requested bilateral L3-5 MBB is medically necessary.

request for Zolpidem/Ambien 10mg #30: 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), Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien)

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) for patients with insomnia. Within the documentation available for review, there is no documentation of failure of non-pharmacologic treatment for insomnia, any significant improvement with the use of Ambien to date, and/or a clear rationale for the long-term use of the medication despite the recommendations of ODG against long-term use. In the absence of such documentation, the currently requested Ambien is not medically necessary.

request for Tizandine/Zanaflex 4mg #90: 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), Muscle relaxants (for pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Zanaflex, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Zanaflex. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.

request for Xoten-C 120mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Xoten-C, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has also not been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Xoten-C is not medically necessary.

request for Opana ER 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Opana ER, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is significantly improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Opioids should not be abruptly discontinued; however, there is, unfortunately, no provision for modification of the current request. In light of the above issues, the currently requested Opana ER is not medically necessary.

request for Hydrocodone/Apap 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Hydrocodone/APAP, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is

recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is significantly improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Opioids should not be abruptly discontinued; however, there is, unfortunately, no provision for modification of the current request. In light of the above issues, the currently requested Hydrocodone/APAP is not medically necessary.