MAXIMUS Federal Services

Case Number:	CM13-0060326		
Date Assigned:	12/30/2013	Date of Injury:	03/21/2003
Decision Date:	04/21/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This patient is a 62-year-old male with a date of injury 03/21/2003. The listed diagnosis per [redacted] are, chronic postoperative pain, lumbosacral spondylosis with myelopathy, post-laminectomy syndrome, cervical region, persistent disorder of initiating or maintaining sleep, (5) cervical spondylosis with myelopathy, insomnia, and obesity. According to report dated 11/11/2013, the patient presents with cervical and lumbar axial nonradicular pain. The patient states worse pain is 7/10, least pain is 4/10, and usual pain is 5/10. Currently, the pain is "worse". MRI of the lumbar spine dated 07/10/2012 showed mild to moderate central canal stenosis at L3-L4 and L4-L5, multiple level bilateral canal and foraminal stenosis, and multilevel bilateral facet arthrosis. Patient's medication regimen includes Omeprazole; Lisinopril 40 mg, Proventil HFA, Hydrochlorothiazide 25 mg, and Morphine Sulfate 15 mg IR. The patient reports axial lower back pain equal right to left. He has occasional referred complaints into the buttocks with back pain escalations. Bending and stooping causes exacerbations. There is facet tenderness noted over the right lower lumbar facets. Facet loading test, right side worse than left. SI joints are nontender bilaterally. The spine extension revealed restricted and painful range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FACET NERVE BLOCK-BILATERAL LUMBAR L5, 4, 3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. The Official Disability Guidelines (ODG) also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. In this case, the patient has non-radiating low back pain with facet joint tenderness upon palpation. Evaluation of the facet joints are consistent with ODG Guidelines. The request for bilateral facet nerve block-bilateral lumbar L5, 4, 3 is medically necessary and appropriate.

PRESCRIPTION OF MORPHINE SULFATE 15MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: For chronic opiate use, MTUS Guidelines page 88 and 89 require functional documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. As report from 10/10/2013 documents, the patient "benefits from the use of morphine sulfate to alleviate some of his pain issues." The report goes on to state that the 4 A's were reviewed with the patient and a complex decision to continue this medication was made. Narcotic agreement compliance was reminded. The treating physician goes on to state opiate risk assessment has been carried out and narcotic agreement in place. The pill count and urine toxicology screens are carried out at regular intervals, and at each visit, alternative modes of pain reduction modalities are discussed. Report dated 11/11/2013 states the patient brings his narcotic pain medication for pill count. This report continues to state that the patient utilizes morphine IR, and without this medication, he would be "bed ridden." The patient goes on to state in this report that his back pain and neck pain is intolerable and he would not be able to go without his pain medications. In this case, the patient is not taking any other medication and morphine sulfate has been effective in helping him with his chronic pain. The treating physician states the efficacy of this medication and provides numerical scales assessing pain. He also discusses current pain, average pain, least pain, and also discusses the 4 A's with the patient. The requested morphine sulfate 15 mg #30 is medically necessary and appropriate.