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| Case Number: | CM13-0060850 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/03/2005 |
| Decision Date: | 05/09/2014 | UR Denial Date: | 11/14/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

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 & 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:

The patient is a 45-year-old female with a date of injury of 01/03/2005. According to report dated 10/15/2013 by [REDACTED], the patient presents with back and right leg pain. The back pain has improved post lumbar facet block; however, she still has referred pain into thoracolumbar region. Examination of the lumbar spine revealed spasm, painful range of motion as well as limited range of motion. There was positive Lasãgue on the right and positive straight leg raise at 60 degrees. There is pain on the right at S1 distribution and tenderness to palpation over the facet joints. The treating physician is requesting a repeat facet block at level L4 to S1 bilaterally, refill of medications and a Toradol 60 mg injection to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL 60MG INJECTION TO THE LUMBAR SPINE: 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 NSAIDS Page(s): 70. Decision based on Non-MTUS Citation Academic Emergency Medicine volume V page 118 to 122

Decision rationale: The MTUS Guidelines state that NSAIDs are recommended with cautions and that there is a boxed warning for ketorolac 10 mg which states that medication is not indicated for minor or chronic painful conditions. Furthermore, Academic Emergency Medicine states that intramuscular ketorolac versus oral ibuprofen demonstrated no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. The requested Toradol injection is not medically necessary and recommendation is for denial.

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 88-89.

Decision rationale: For chronic opiate use, the MTUS Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, MTUS states that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Medical records indicate the patient has been taking this medication since at least 05/28/2013, as this report requests a refill. Review of reports from 05/28/2013 to 10/15/2013 does not provide any discussions regarding whether or not Norco has provided pain relief or functional improvements. There are no discussions regarding significant changes in ADL's, change in work status or return to work due to opiate use. Given the lack of sufficient documentation warranting long term opiate use, recommendation is for denial.

FLEXERIL 7.5MG (1 MONTH): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: The MTUS Guidelines state that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use. In this case, medical records indicate this patient has been prescribed this medication since 07/16/2013. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested Flexeril is not medically necessary and recommendation is for denial.

LIDODERM PATCHES (1 MONTH): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (Lidocaine Patch) Page(s): 56-57.

Decision rationale: The MTUS Guidelines state that indications for lidocaine include neuropathic pain and it is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. This patient has been using these patches since 07/16/2013. Review of medical records from 01/15/2013 to 10/15/2013 does not show evidence of neuropathic pain that is localized peripheral pain. Furthermore, the treating physician does not provide any discussion on the efficacy of these patches, if any. The requested Lidoderm patches are not medically necessary, and recommendation is for denial.

AN OUTPATIENT REPEAT BILATERAL FACET BLOCK AT L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations. ODG also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. In this case, the treating physician is requesting a repeat block. ACOEM and ODG Guidelines under therapeutic facet joint injections state that it is not recommended. Furthermore, the treating physician states the patient has positive straight leg raise at 60 degrees and pain on the right at S1 distribution. ODG Guidelines are clear that facet joint injections are for non-radicular symptoms with paravertebral tenderness. Recommendation is for denial.