

Case Number:	CM13-0061493		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2012
Decision Date:	07/24/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 is a patient with a date of injury of 6/12/12. A utilization review determination dated 11/27/13 recommends non-certification of medial branch blocks, Lunesta, Norco, Relafen, Baclofen, and Trazodone. The 11/6/13 progress report identifies pain in the low back into the buttocks. Medications allow the patient to continue to work. The patient has had difficulty sleeping at night and the Trazodone did not work. He is waking up every 2 hours and he is exhausted toward the end of the week. Current medications include Norco, Relafen, Baclofen, and Trazodone. On exam, there is tenderness over the vertebral areas and extension caused quite a bit of discomfort, more so than flexion. Treatment plan includes lumbar facet diagnostic evaluation to look at L2, L3, and L4 dorsal medial branches bilaterally given the lumbar fusion at L5-S1 and Lunesta 3mg at nighttime. A prescription for all medications was written. Urine drug screen was consistent. 9/16/13 report identifies back pain radiating to the left mid-calf area and right knee area with paresthesia. Diminished sensation was present bilaterally in the lower extremities, diffusely.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3, L4, L5 DORSAL MEDIAL BRANCH DIAGNOSTIC BLOCK: 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 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs and Symptoms, Facet Joint Diagnostic Blocks.

Decision rationale: Regarding the request for bilateral L3, L4, L5 dorsal medial branch diagnostic blocks, ACOEM guidelines state that invasive techniques are of questionable merit. ODG states that blocks may be indicated if there is tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are no objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Additionally, there are findings suggestive of radiculopathy with back pain and paresthesia radiating into the legs and diminished sensation on exam. Therefore, the requested bilateral L3, L4, L5 dorsal medial branch diagnostic blocks are not medically necessary.

BILATERAL L2, L3, L4 DORSAL MEDIAL BRANCH DIAGNOSTIC BLOCK: 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 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs and Symptoms, Facet Joint Diagnostic Blocks.

Decision rationale: Regarding the request for bilateral L2, L3, L4 dorsal medial branch diagnostic blocks, ACOEM guidelines state that invasive techniques are of questionable merit. ODG states that blocks may be indicated if there is tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are no objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Additionally, there are findings suggestive of radiculopathy with back pain and paresthesia radiating into the legs and diminished sensation on exam. Therefore, the requested bilateral L2, L3, L4 dorsal medial branch diagnostic blocks are not medically necessary.

LUNESTA 3MG: Upheld

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

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

Decision rationale: Regarding the request for Lunesta 3 mg, the ODG does support Lunesta as a first-line medication for insomnia, with short-term treatment recommended. Within the

documentation available for review, there is documentation that the patient was waking every 2 hours and Trazodone was ineffective. A short course of medication such as Lunesta may be appropriate; however, the current request does not identify the proposed duration of the medication. Therefore, the requested Lunesta 3mg is not medically necessary.

NORCO 10/325MG: 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): 76-79.

Decision rationale: Regarding the request for Norco, 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 Norco is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, ongoing use is not indicated. Therefore, the requested Norco is not medically necessary.

RELAFEN 750MG: 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): 67-69.

Decision rationale: Regarding the request for Relafen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Relafen is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. Therefore, the requested Relafen is not medically necessary.

TRAZODONE 50MG: Upheld

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

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

Decision rationale: Regarding the request for Trazodone, ODG states that sedating antidepressants such as Trazodone have been used to treat insomnia; however, there is less evidence to support their use for insomnia. They also support only the short-term use of medication in the management of insomnia. Within the documentation available for review, there is documentation identifying that prior use of Trazodone has not been effective for this patient. Therefore, the requested Trazodone is not medically necessary.