

Case Number:	CM13-0063215		
Date Assigned:	12/30/2013	Date of Injury:	02/11/2002
Decision Date:	05/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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:

The patient is a 47-year-old female who was injured on 02/11/2002. Prior treatment history has included methadone 10 mg, Voltaren 75 mg, Topamax 100 mg, and Nexium 40 mg; epidural steroid injections, medication, and lumbar spine surgery. Drug Adherence report dated 04/10/2013 detected positive results for methadone and EDDP (a methadone metabolite). It did not detect cyclobenzaprine, Carisoprodol, Meprobamate, and Tramadol. A drug adherence report dated 07/01/2013 detected positive results for methadone. There was presence of EtS and EtG was consistent with ethanol use. Drug Adherence report dated 06/19/2013 did not detect methadone stating methylphenidate was detected but could not be matched to any reported prescription and Ritalinic Acid was detected; however, there was no prescription reported. Pain management note dated 12/09/2013 indicated the patient presented with complaints of low back pain that was persistent but varied day to day. On examination of the back, there was tenderness to palpation of the lumbar spine; tenderness to palpation of the sacroiliac joint. There was no tenderness noted of the piriformis muscle and there was no myofascial spasms- quadratus lumborum; Lasegue test was negative. Pain management note dated 11/11/2013 indicated the patient presented with complaints of low back pain that was persistent but varied day to day. On examination of the back, range of motion exhibited flexion to 40 and extension to 5. There was tenderness to palpation of the lumbar spine; tenderness to palpation of the sacroiliac joint. There was no tenderness noted of the piriformis muscle and there was no myofascial spasms- quadratus lumborum; Lasegue test was negative. Pain management note dated 10/08/2013 indicated the patient presented with complaints of low back pain that was persistent but varied day to day. On examination of the back, range of motion exhibited flexion to 45 and extension to 5. There was tenderness to palpation of the lumbar spine; tenderness to palpation of the sacroiliac joint. There was no tenderness noted of the piriformis muscle and there was no myofascial spasms- quadratus

lumborum; Lasegue test was negative. The patient was instructed to continue her medical regimen. Pain management note dated 08/12/2013 indicated the patient presented with complaints of low back pain that was persistent but varied day to day. On examination of the back, range of motion exhibited flexion to 30. There was tenderness to palpation of the lumbar spine; tenderness to palpation of the sacroiliac joint. There was no tenderness noted of the piriformis muscle and there was no myofascial spasms- quadratus lumborum; Lasegue test was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF METHADONE 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Methadone, Section Opioids, criteria for use, and Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, criteria for use Page(s): 76-94.

Decision rationale: As per CA MTUS guidelines, methadone is recommended for moderate to severe pain. The guidelines further states, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, this patient has chronic lower back pain and has been prescribed Methadone chronically. There is documentation of ongoing monitoring with urine drug screening which was consistent with prescribed medication. However, there is no documentation of subjective or objective functional improvement or reduction in pain level with the use of this medication. Thus, the request is not medically necessary and is non-certified. Furthermore, the guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.

1 LUMBAR L4, L5 AND S1 BILATERAL MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), Physical Methods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The CA MTUS do not discuss the issue in dispute and hence Official Disability Guidelines (ODG) has been consulted. As per ODG, lumbar medial branch block is limited to patients with low-back pain that is non-radicular and at no more than two levels

bilaterally. In this case, this patient is diagnosed with lumbar radiculopathy with prior treatment includes lumbar epidural steroid injection (ESI) at L5-S1. He is status post lumbar laminectomy and as noted above, the guidelines do not support the request of bilateral medial branch blocks at L4, L5, and S1. Thus, the request is non-certified.

1 PRESCRIPTION OF VOLTAREN 75MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: As per CA MTUS guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, this patient has been prescribed this medication since May 2013; hence, the medical necessity for continued use of this medication has not been established. The request is non-certified.

1 PRESCRIPTION OF TOPAMAX 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepilepsy drugs (AED)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepilepsy drugs (AED) Page(s): 16-21.

Decision rationale: s per CA MTUS guidelines, Topamax is recommended for treatment of neuropathic pain. The MTUS guidelines recommend that a "good" response to the use of Anti-epilepsy drugs (AED), has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, this patient has been prescribed this medication since April 2013 and there is no documentation of reduction in pain level or objective functional improvement with the use of this medication. Thus, the request is not medically necessary and is non-certified.

1 PRESCRIPTION OF NEXIUM 40MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastro).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) symptoms & cardiov.

Decision rationale: As per CA MTUS guidelines, Nexium is a proton pump inhibitor that is recommended for patients at intermediate risk for gastrointestinal events or NSAIDs (non-steroidal anti-inflammatory drugs) induced dyspepsia. In this case, the patient has been prescribed Voltaren since May 2013, and there is reports of gastritis; however, since the associated request for Voltaren is considered not medically appropriate, the request for Nexium is not medically necessary and is non-certified.