

Case Number:	CM13-0064095		
Date Assigned:	01/03/2014	Date of Injury:	11/09/2001
Decision Date:	05/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 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:

According to the records made available for review, this is a 60 year-old male with an 11/9/01 date of injury. At the time (11/18/13) of request for authorization for 1 right side medial branch block of L3-L4, L4-L5, one prescription for Naproxen sodium 550mg #60 with 2 refills, and one prescription for Omeprazole DR 20mg #30 with 2 refills, there is documentation of subjective (ongoing moderate to severe low back pain) and objective (decreased lumbar range of motion, tenderness to palpation of the lumbar paravertebral muscles with hypertonicity, positive face loading on the right, and decreased ankle and patellar reflexes bilaterally) findings, current diagnoses (lumbar facet stenosis, lumbar facet syndrome, lumbar degenerative disc disease, and chronic back pain), and treatment to date (right-sided medial branch block at L3-L4 and L4-L5 on 10/16/13 with a decrease in visual analog pain score from 6/10 to 2-3 out of 10, Naproxen and Omeprazole since at least 3/4/13, TENS unit, and home exercise program). In addition, 11/18/13 medical report plan identifies continue Omeprazole for the acid reflux caused by Naproxen and medial branch block of L3-L4 and L4-5 right side to evaluate for lumbar facet syndrome and to determine if the patient is a candidate for radiofrequency rhizotomy. Regarding the requested 1 right side medial branch block of L3-L5, L4-L5, there is no documentation of initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks following right-sided medial branch block at L3-L4 and L4-L5 on 10/16/13. Regarding the requested one prescription for Naproxen sodium 550mg #60 with 2 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Naproxen. Regarding the requested one prescription for Omeprazole DR 20mg #30 with 2 refills, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT SIDE MEDIAL BRANCH BLOCK OF L3-L4, L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), FACET INJECTIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, FACET JOINT INTRA-ARTICULAR.

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of lumbar facet stenosis, lumbar facet syndrome, lumbar degenerative disc disease, and chronic back pain. In addition, there is documentation of a previous right-sided medial branch block at L3-L4 and L4-L5 on 10/16/13. However, despite documentation of a decrease in visual analog pain score from 6/10 to 2-3 out of 10 with previous injection, there is no documentation of initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. Therefore, based on guidelines and a review of the evidence, the request for 1 right side medial branch block of L3-L4, L4-L5 is not medically necessary.

ONE PRESCRIPTION FOR NAPROXEN SODIUM 550MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) Page(s): 67-68.

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of lumbar facet stenosis, lumbar facet syndrome, lumbar degenerative disc disease, and chronic back pain. In addition, there is documentation of chronic low back pain. However, given documentation of ongoing treatment with Naproxen since at least 3/4/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Naproxen. Therefore, based on guidelines and a review of the evidence, the request for one prescription for Naproxen sodium 550mg #60 with 2 refills is not medically necessary.

ONE PRESCRIPTION FOR OMEPRAZOLE DR 20MG #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of lumbar facet stenosis, lumbar facet syndrome, lumbar degenerative disc disease, and chronic back pain. However, despite documentation of a plan identifying continued use of Omeprazole for the acid reflux caused by Naproxen, and ongoing treatment with Naproxen since at least 3/4/13, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for one prescription for Omeprazole DR 20mg #30 with 2 refills is not medically necessary.