

Case Number:	CM13-0069451		
Date Assigned:	01/03/2014	Date of Injury:	09/21/2007
Decision Date:	06/13/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesia has a subspecialty in Acupuncture & Pain Medicine 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 injured worker reported a date of injury 9/21/07 with related low back pain that radiates down the right lower extremity and lower extremity pain in the right hip. Per 3/18/14 progress report, pain is aggravated by activity and walking, it is rated at 6/10 with medications and 9/10 without. Physical examination revealed lumbar flexion to 45 degrees due to pain and extension limited to 10 degrees due to pain; pain was significantly increased on flexion and extension; facet signs were present at L4-S1; Straight Leg Raise test in the seated position was positive bilaterally. MRI of the lumbar spine dated 8/10/13 revealed mild disc desiccation at L4-L5 with a left foraminal radial annular tear and moderate size broad-based far left extraforaminal disc protrusion without nerve compression; no other evidence of significant degenerative disc disease, central canal or foraminal spinal stenosis. EMG/NCV dated 11/02/11 revealed mild, chronic L4 radiculopathy on the right. Treatment to date has included physical therapy, chiropractic therapy, lumbar epidural injection, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 MEDICAL BRANCH NERVE 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): 301.

Decision rationale: The documentation submitted for review indicates that the injured worker indeed suffers from radiculopathy per EMG/NCV testing and clinical findings. The ODG guidelines state, one of the criteria for facet joint diagnostic blocks but are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. As this procedure is limited to patients with low-back pain that is non-radicular, the request for bilateral L4-S1 medial branch nerve block is not medically necessary and appropriate.

BUTRANS 10 MCG PATCH, ONE EVERY 7 DAYS, # 4: 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 Buprenorphine, Opioids Page(s): 26-27,78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of Butrans nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It is noted that the injured worker experienced pain rated at 6/10 with medications and 9/10 without, however, there was no documentation of functional improvement. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Therefore, the request for Butrans 10mcg patch, one every 7 days #4 is not medically necessary and appropriate.

TRAMADOL 50 MG, ONE EVERY 12 HRS, #60: 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 Opioids Page(s): 78,93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of Tramadol nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It is noted that the injured worker experienced pain rated at 6/10 with medications and 9/10 without, however, there was no documentation of functional improvement. Per 12/17/13 note, it is documented that the injured worker failed Tramadol opiates and they caused increased GI upset. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Therefore, the request for Tramadol 50mg one every 12 hours #60 is not medically necessary and appropriate.