

Case Number:	CM14-0008695		
Date Assigned:	06/20/2014	Date of Injury:	08/29/2003
Decision Date:	08/13/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 is a 63-year-old female who reported an injury on August 29, 2003 due to an unknown mechanism. The injured worker had complaints of low back and neck pain. The physical examination dated February 04, 2014 revealed the injured worker had epidural steroid injections in the past as well as facet injections. Her last caudal epidural steroid injection was in November 2012 and provided no improvement in her pain. In December 2011, the injured worker had lumbar facet injections, which provided 70% improvement in pain level and functional capacity, which lasted approximately 6 months. The physical examination of the cervical spine was tender diffusely. Palpable twitch positive trigger points in the muscle of the head and neck. Palpation of the lumbar facet reveals pain on both the sides of the L3-S1 region. There was pain noted over the lumbar intervertebral spaces on palpation. Anterior flexion of the lumbar spine was 40 degrees. Anterior lumbar flexion caused pain. Extension of lumbar spine was to 5 degrees. There was pain noted with lumbar extension. The injured worker has a history of lumbar surgeries and cervical degenerative disc disease with secondary myofascial pain. Diagnoses were lumbar spondylosis, failed back syndrome, lumbar, radiculopathy, lumbar spine. Current medications for the injured worker were metformin 500mg, Levoxyl 100mcg, fentanyl 50mcg/hour, Norco 10/325mg 1 tablet 6 times a day, and Restoril 15mg. The prior diagnostic studies include a CT of the lumbar spine and an MRI of the lumbar spine. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 01/09/2014) NORCO (10/325mg, #180): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78, 81.

Decision rationale: The retrospective request for Norco is not medically necessary. There were no measurable gains in functional improvement reported for the injured worker. Past medications tried and failed were not reported. The California Medical Treatment Utilization Schedule states ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be reported. Pain assessment should include 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. Four domains have been proposed as most relevant for ongoing chronic pain. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and 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. Continuing review of overall situation with regard to nonopioid means of pain control should be reported. It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Pain relief before and after medication was not noted and any improvement in activities of daily living was not noted. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Bilateral Lumbar Facet Block (L3, under fluoroscopy and anesthesia): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Medial Branch Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for a bilateral lumbar facet block at the L3 level is not medically necessary. The injured worker had facet injections previously with 70% improvement in pain level and functional capacity lasted approximately 6 months. The California MTUS/ACOEM Guidelines states that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Official Disability Guidelines state facet therapeutic blocks are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other

evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. The documentation provided indicated the injured worker received a therapeutic facet injection in 2011 with 70% pain relief for 6 months. However, the Official Disability Guidelines do not support repeating therapeutic blocks and the recommendation is to proceed with a medial branch block. In addition, there was a lack of recently tried and failed conservative care to meet guideline criteria. There was a lack of evidence the requested block would be performed in consort with other evidence based conservative care. Therefore, the request is not medically necessary.

Bilateral Lumbar Facet Block (L4, under fluoroscopy and anesthesia): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Medial Brach Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for a bilateral lumbar facet block at the L4 level is not medically necessary. The California MTUS/ACOEM Guidelines states that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines state facet therapeutic blocks are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. The documentation provided indicated the injured worker received a therapeutic facet injection in 2011 with 70% pain relief for 6 months. However, Official Disability Guidelines do not support repeating therapeutic blocks and the recommendation is to proceed with a medial branch block. In addition, there was a lack of recently tried and failed conservative care to meet guideline criteria. There was a lack of evidence the requested block would be performed in consort with other evidence based conservative care. Therefore, the request is not medically necessary.

Bilateral Lumbar Facet Block (L5, under fluoroscopy and anesthesia): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Medial Brach Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for a bilateral lumbar facet block at the L5 level is not medically necessary. The California MTUS/ACOEM guidelines states that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines state facet therapeutic blocks are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. The documentation provided indicated the injured worker received a therapeutic facet injection in 2011 with 70% pain relief for 6 months. However, the Official Disability Guidelines do not support repeating therapeutic blocks and the recommendation is to proceed with a medial branch block. In addition, there was a lack of recently tried and failed conservative care to meet guideline criteria. There was a lack of evidence the requested block would be performed in consort with other evidence based conservative care. Therefore, the request is not medically necessary.

Bilateral Lumbar Facet Block (S1, under fluoroscopy and anesthesia): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Medial Brach Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for a bilateral lumbar facet block at the S1 level is not medically necessary. The California MTUS/ACOEM guidelines states that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines state facet therapeutic blocks are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. The documentation provided indicated the injured worker received a therapeutic facet injection in 2011 with 70% pain relief for 6 months. However, Official Disability Guidelines do not support repeating therapeutic blocks and the recommendation is to proceed with a medial branch block. In addition, there was a lack of recently tried and failed conservative care to meet guideline criteria. There was a lack of evidence the requested block would be performed in consort with other evidence based conservative care. Therefore, the request is not medically necessary.

Retrospective (DOS: 01/09/2014) Restoril (15mg, #30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The retrospective request for Restoril is not medically necessary. This medication falls into a class called benzodiazepines. The California Medical Treatment Utilization Schedule states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. A more appropriate treatment for anxiety disorder is an antidepressant, if that is why it is prescribed. Tolerance to anticonvulsant and muscle relaxant effects can occur within weeks. The request does not indicate the frequency for the medication. It is unknown how long the injured worker has been taking this medication. It is also unknown why the injured worker is taking this medication. Therefore, the request is not medically necessary.

Retrospective (DOS: 01/09/2014) Fentanyl Transdermal Patch (50mcg/hr, #10): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Fentanyl Transdermal Page(s): 78, 93.

Decision rationale: The retrospective request for fentanyl is not medically necessary. It was not reported how long the injured worker has been on this medication, any side effects noted, does it help to increase activities of daily living. The California Medical Treatment Utilization Schedule for ongoing management states pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Fentanyl transdermal is indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs). Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The four domains have been proposed as most relevant for on-going monitoring of chronic pain patients on opioids. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and 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. In addition, the request does not indicate the frequency for the medication. Therefore, the request is not medically necessary.