

Case Number:	CM14-0014443		
Date Assigned:	02/28/2014	Date of Injury:	03/31/2006
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 57-year-old male with a reported injury date on 03/22/2006. The mechanism of injury was not provided. The injured worker's diagnoses include chronic pain syndrome, displacement of lumbar intervertebral disc without myelopathy, and degeneration of lumbosacral intervertebral discs. It was noted from an official CT scan of the thoracic spine, on 07/05/2013, that the injured worker had degenerative disc disease from T1 through L1. The clinical note dated 12/18/2013 noted that the injured worker had complaints that included pain to the back around the lumbar/thoracic junction. It was also noted that the injured worker was status post fusion from L1 to S1. Additionally, the injured worker was currently prescribed Clinoril 200 mg take 1 tablet by mouth daily and Effexor XR 75 mg take 1 pill by mouth daily; both have been taken for approximately 3 months and it was documented that the injured worker rated he pain as 4/10 to 5/10 with medication use and has been able to work 40 hours. Upon examination, it was noted that the injured worker had tenderness at the superior endpoint of the surgical site, range of motion was measured at 50 degrees of flexion, 5 degrees of extension, 20 degrees of right and left lateral bending, and 20 degrees right and left rotation. It was also noted that the injured worker had pain over the L1 to T12 junction that radiates laterally toward the mid axillary line. Additional findings included a positive straight leg raise on the right, deep tendon reflexes 2+, and distal neurovascular examination that was intact. The treatment plan noted that the injured worker would followup in 3 months. The request for authorization form was not provided within the available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLINORIL 200MG #90 WITH ONE REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): page(s) 70-73..

Decision rationale: The California MTUS Guidelines state that Clinoril may be recommended for osteoarthritis, ankylosing spondylitis, and mild to moderate pain. It was documented that the injured worker has currently been taking this medication and that pain was adequately controlled with medication use allowing him to work 40 hours per week. As it was documented that the follow-up is in 3 months, this requested medication with one refill would be appropriate. As such, this request is medically necessary.

EFFEXOR XR 75MG #90 WITH ONE REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor), Page(s): page 123..

Decision rationale: The California MTUS Guidelines state that Effexor may be recommended as an option in first line treatment of neuropathic pain. The documentation provided documented that the injured worker had objective findings of radiculopathy. Additionally, it was documented that the injured worker has currently been prescribed this medication and with its use has adequate pain relief that allows him to work 40 hours per week. As it was documented that the followup is in 3 months, the prescription of this medication with 1 refill would be justified. As such, the request is medically necessary.

T12-L1 FACET INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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) Neck and Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that invasive techniques are of questionable merit. However, the Official Disability Guidelines state that facet joint diagnostic blocks may be recommended if there is clinical presentation of facet joint pain that includes tenderness to palpation in the paravertebral areas over the facet region, a normal sensory examination, absence of radicular findings, and

normal straight leg raise examination. The Guidelines also state that facet blocks are limited to injured workers that have nonradicular pain at no more than 2 levels bilaterally, there is documentation of failure of conservative treatment prior to procedure for at least 4 to 6 weeks, and that no more than 2 joints are injected at 1 session. As there is documented evidence of positive straight leg raise and radiculopathy, the request for T12-L1 facet injection is not medically necessary.