

Case Number:	CM14-0019572		
Date Assigned:	04/23/2014	Date of Injury:	03/18/2008
Decision Date:	07/03/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/17/2014

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 Orthopedic Surgery 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 30-year-old female who was injured on March 18, 2008. On October 14, 2014, the injured is documented as presenting with low back pain radiating to the right buttock. The clinician indicates an MRI was obtained on December 18, 2013 which demonstrated posterior disc protrusion with mild foraminal stenosis at L3-4 and L4-5. Additionally there was disc protrusion at L5-S1, but the clinician does not comment on any foraminal stenosis. There is also no mention of facet joint arthropathy, but there is a reference to lumbar MRI from August 15, 2012 demonstrating it. Pain is currently rated as 7/10. The injured is documented as being status post lumbar discectomy and right L4-5 laminectomy. The clinician indicates no previous medications have been attempted. The examination documents tenderness to palpation over the right L4-5 and right L5-S1 facets. Lumbar range of motion is documented as being restricted, sustained, then flexion is positive on the right, and "the remainder of the visit was unchanged from the previous visits." This clinician does not address the discrepancies in pill counts noted on prior exams. Current medications on this visit are documented as being Percocet 10/325 mg, methadone 10 mg tablets four times daily, Lyrica 50 mg one tab three times daily, Tizanidine 4 mg one or two times daily. With medications the pain is rated as 8/10. There are complaints of radiculopathy buttocks/hip, mid-thigh, knee, make, ankle, foot, and toes on the right this is associated with numbness and tingling. The physical examination documents that the claimant was "obtunded, has very poor memory, and was vague and rambling in her answers." There's generalized diminished sensation in the right lower extremity on examination. A clinical document dated November 11, 2013 documents allergist oxycodone and OxyContin. This is reiterated in the December 9, 2013 document. However, the injured is also documented as utilizing oxycodone and morphine sulfate. The utilization review in question was rendered on February 11, 2014. The reviewer noncertified the requests for oxycodone noting that 240 tablets

for oxycodone was filled on December 10, 2013 on that same date, the injured was noted to be 106 pills short. The reviewer noncertified the requests for the diagnostic medial branch blocks noting the injured had radicular symptoms and there was no documentation of recent conservative treatment. The clinician indicates Valium is being utilized for anxiety. The clinical progress note dated February 5, 2014, indicates the injured has been on [REDACTED] since the age of 21 for "severe panic attacks." The reviewer not certified the request for Lyrica noting the lack of documentation of failure of first-line agents such as Neurontin. The reviewer noncertified the request for Valium noting that the injured was displaying aberrant drug taking behavior and that long-term use of this medication is not advised.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLOUROSCOPICALLY GUIDED DIAGNOSTIC RIGHT L4-L5 AND RIGHT L5-S1 FACET JOINT MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-307.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) specifically recommends against the use of diagnostic facet joint injections in the treatment of radicular pain. Based on the clinical documentation provided, multiple physical examinations indicate subjective and objective findings consistent with radiculopathy. Additionally, most recent MRI demonstrated multilevel disc herniations with foraminal stenosis. As such, the request for flouroscopically guided diagnostic right L4-L5 and a right L5-S1 facet joint medial branch block is not medically necessary and appropriate.

LYRICA 100MG, #90 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 16-20.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) supports the use of Lyrica for the treatment of both diabetic neuropathy and postherpetic neuralgia. The MTUS also indicates anti-epilepsy drugs can be utilized for the treatment of chronic neuropathic pain. However, in the specific situations given multiple medication lists that vary between different clinicians and with the fact that Lyrica is a schedule five controlled substance it is unclear why a generic medication such as gabapentin was not attempted as a first-line agent. Given the concerns for potential aberrant drug taking behaviors the request for Lyrica 100mg #90 with one refill is considered not medically necessary.

OXYCODONE 10MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of opiate medications when there is evidence of objective functional improvement or improvement in pain. Based on the clinical documentation provided, the claimant is getting some relief with medications, it is unclear how much functional improvement or pain relief the injured is getting from the use of oxycodone. Additionally, multiple clinical documents appear to indicate the injured is either utilizing morphine sulfate or methadone in addition to the Percocet. While there is concern for aberrant drug taking behavior, abrupt cessation of this medication is not advisable nor is it supported by the MTUS. As such, in this specific situation, this request for Oxycodone 10mg #180 is considered medically necessary.

VALIUM 10MG: Upheld

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

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

Decision rationale: The MTUS does not recommend the long-term use of benzodiazepines and notes that tolerance may occur to the anxiolytic effects within months. Based on the clinical documentation provided, the injured appears to be utilizing this medication chronically. The MTUS specifically notes that a more appropriate treatment for anxiety disorders is antidepressants. Given the documentation that the injured has a long-standing anxiety disorder significant predating the injury. Taking this into account paired with long-term use of this medication, the request for Valium 10mg is considered not medically necessary.