

Case Number:	CM14-0115525		
Date Assigned:	08/04/2014	Date of Injury:	01/02/1996
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/23/2014

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 Anesthesiology, has a subspecialty in Pain 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 65 year old female who had a work related injury on 01/02/96. Mechanism of injury was not documented. The most recent clinical documentation submitted for review was dated 07/01/14. The injured worker presented to the office for low back pain. Her current medications schedule was reducing her pain enough to where she could function. She did not show any signs of aberrant behavior. Pain scale was 7/10 with medication 9/10 without medication physical examination full strength in lower extremities and normal lower extremities bulk and tone. Left lower extremity overall, benign knee, ankle, and foot, lower leg non-tender, without crepitus or deficits, thigh non-tender, full strength in left lower extremity and normal left lower extremity bulk and tone, full strength in right lower extremity with normal bulk and tone, tenderness at facet joints, decreased flexion/extension and lateral bending, diagnoses lumbago. The injured worker underwent medial branch blocks in 10/13 pain scale went from 7 to 3 for a few hours. There was authorization for radiofrequency rhizotomy although there was no documentation if the injured worker had undergone that procedure. In reviewing all medical records, her pain scores did not vary always 7/10 with medication. There was no clinical documentation of functional improvement. Prior utilization on 06/24/14 the Oxycontin 80mg and Oxy-Immediate Release 5mg were modified to initiate weaning. Bilateral medial branch blocks to L3445 and 51 was non-certified. Her current morphine equivalent dosage is 405. Current evidence based guidelines indicate that opioid dosing should not exceed 100mg morphine equivalent dosage per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Prior utilization on 06/24/14 the Oxycontin 80mg and Oxy-Immediate Release 5mg were modified to initiate weaning. Further, current guidelines indicate opioid dosing should not exceed 100mg morphine equivalent dosage/day; the injured worker's current morphine equivalent dosage is 405. Therefore, the request is not medically necessary.

Oxy-IR 5mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Prior utilization on 06/24/14 the Oxycontin 80mg and Oxy-Immediate Release 5mg were modified to initiate weaning. Further, current guidelines indicate opioid dosing should not exceed 100mg morphine equivalent dosage/day; the injured worker's current morphine equivalent dosage is 405. Therefore, the request is not medically necessary.

Bilateral, Medial Branch Blocks to L3-4, 4-5, L5-S1: 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 Procedure Summary Last updated 5/12/14 States That a Multiple Series of Facet Joint Injections is not Recommended.

MAXIMUS guideline: The Expert Reviewer 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 (therapeutic injections).

Decision rationale: The request for medial branch blocks to L3/4, L4/5, and L5S1 is not medically necessary. The clinical documentation does not support the request. There was authorization for radiofrequency rhizotomy, although there was no documentation if the injured worker had undergone that procedure. Not recommended except as a diagnostic tool. Minimal evidence for treatment. As such, the request is not medically necessary.