MAXIMUS Federal Services

Case Number:	CM14-0121192		
Date Assigned:	08/06/2014	Date of Injury:	04/03/2012
Decision Date:	10/01/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

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 Nevada. 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 records, presented for review, indicate that this 30-year-old gentleman was reportedly injured on April 3, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 1, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness and spasms along the lumbar spine paraspinal muscles and facet tenderness at L2-L3 and L3-L4. There was increased pain with lumbar spine motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications and home exercise. A request had been made for bilateral lumbar medial branch blocks at L2-L3 and L3-L4, Dilaudid, Aciphex, and Neurontin and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Diagnostic lumbar facet injections (medial branch blocks(L2-L3, L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - lumbar and thoracic

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 - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated August 22, 2014

Decision rationale: According to the Official Disability Guidelines, the criteria for the use of diagnostic facet blocks includes documentation that the injured employee has failed to improve with conservative treatment to include home exercise, physical therapy, and anti-inflammatory medications. The attached medical record does not indicate that the injured employee has failed to improve with these methods. As such, this request for bilateral diagnostic lumbar facet injections/medial branch blocks at L2-L3 and L3-L4 are not medically necessary.

Dilaudid 8mg #45 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone- opioid analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74,75,78,93 of 127.

Decision rationale: The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Dilaudid is not medically necessary.

Aciphex 20mg #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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Aciphex (Rabeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAIDs with documented GI distress symptom. There is no indication in the record provided of a GI disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the MTUS. Therefore, this request for Aciphex is not medically necessary.

Neurontin 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20,49 of 127.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers Neurontin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee neither had any neuropathic pain nor was there any radicular symptoms noted on physical examination. As such, this request for Neurontin is not medically necessary.