

Case Number:	CM14-0135599		
Date Assigned:	09/08/2014	Date of Injury:	02/24/1991
Decision Date:	12/19/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 48 year old female with an injury date on 02/24/1991. Based on the 07/03/2014 progress report provided by the treating physician, the diagnoses are, 1.Lumbosacral spondylosis without myelopathy, 2.Pain in joint, shoulder region, 3.Other bursitis, 4.Enthesopathy of hip region According to this report, the patient complains of low back pain radiating to the right leg. Pain is least an 8/10 and on an average is a 9/10.The pain is made worst by movements. Medications only take the edge off. Exam findings show tenderness at the knees and left shoulder with decreased range of motion. Right trochanteric bursa is tender to palpation. There were no other significant findings noted on this report. The utilization review denied the request on 07/25/14. The requesting provider provided treatment reports from 05/16/2014 to 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH BLOCKS AT BILATERAL L2-L5 X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the 07/03/2014 report by the treating physician, this patient presents with low back pain traveling to right leg. The current request is for lumbar medial branch blocks L2-L5 x2. Review of reports does not show evidence of prior MBB. The patient has "paraspinal tenderness and spasms over the facets in the lumbar region." Regarding medial branch blocks, MTUS does not address it, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." Evaluation of the facet joints would appear to be reasonable and consistent with ODG Guidelines. However, the treater is requesting a MBB at L2-L5 bilaterally for 3 level facet joints. ODG does not allow for more than 2 facet joint level evaluation at one time; therefore, the request is not medically necessary.

CARISOPRODOL 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle relaxants; for pain Page(s): 63,64.

Decision rationale: According to the 07/03/2014 report by the treating physician, this patient presents with low back pain traveling to right leg. The current request is for Carisoprodol 350 mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of records indicates the patient has been prescribed this medication longer than the recommended 2-3 weeks. The treater is requesting Carisoprodol 350 mg #90 and this medication was first noted in the 05/16/2014 report. Carisoprodol is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the request is not medically necessary.

OXYCODONE HYDROCHLORIDE 30MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 60,61,88,89,76-78.

Decision rationale: According to the 07/03/2014 report by the treating physician, this patient presents with low back pain traveling to right leg. The current request is for Oxycodone Hydrochloride 30 mg #180. Oxycodone Hydrochloride was first mentioned on 05/16/2014

report. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Review of records, the patient states her pain is at a 9/10 on an average. "Medications only take the edge off. The pain is made worst by movements. Patient's pain intensity increased and she needs injections since she is already on high dose opioid." Urine drug screen was not obtained. In this case, the reports show documentation of pain assessment but not before and after analgesia is provided. The treating physician does not discuss specific improvement in ADLs or document functional improvement. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to document ADL's, adverse effects and adverse behavior as required by MTUS. The request is not medically necessary.

OXYCONTIN 60MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 60,61,88,89,76-78.

Decision rationale: According to the 07/03/2014 report by the treating physician, this patient presents low back pain traveling to right leg. The treater is requesting Oxycontin 60 mg #90. Oxycontin was first mentioned on 05/16/2014 report. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Review of records, the patient states her pain is at a 9/10 on an average. "Medications only take the edge off. The pain is made worst by movements. Patient's pain intensity increased and she needs injections since she is already on high dose opioid." Urine drug screen was not obtained. In this case, the reports show documentation of pain assessment but not before and after analgesia is provided. The treating physician does not discuss specific improvement in ADLs or document functional improvement. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to document ADL's, adverse effects and adverse behavior as required by MTUS. The request is not medically necessary.