MAXIMUS Federal Services

Case Number:	CM14-0135926		
Date Assigned:	09/03/2014	Date of Injury:	12/17/2012
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
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 Family Practice and is licensed to practice in Texas and Mississippi. 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 49-year-old male who reported an injury on 12/17/2012. The mechanism of injury was not provided. His diagnosis was noted to be facet arthropathy, lumbar spinal stenosis, and closed head injury. Prior treatments were noted to be medication management and injections. The injured worker was noted to have had diagnostic imaging studies. The injured worker was noted to have a history of spinal surgery. The injured worker had a clinical evaluation on 04/03/2014. He had subjective complaints of mid back pain rated a 7 on the VAS. He also indicated continued low back pain rated a 6 on the VAS. His current medications were noted to be Anaprox and Norco. The physical examination of the lumbar spine and lower extremities revealed slowness to go from sitting to standing. There was noted to be palpable tenderness of the paravertebral muscles bilaterally. Sensory was intact in the bilateral lower extremities to light touch and pinprick. Range of motion was noted to be only slightly impaired. Reflexes were 2+ and equal to the knees and ankles. Motor power strength was 5/5 throughout the lower extremities and equal. The injured worker had a positive facet loading test. The treatment recommendations were for a consultation and facet injections, Norco refill, and a random urine toxicology screening to verify medication compliance. The rationale for the request was not provided. A Request for Authorization for was also not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block T6-T7, T8-T9, T10 bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Medial branch block

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Low Back, Facet joint medial branch blocks

Decision rationale: The request for medial branch block T6-7, T8-9, T10 bilaterally is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend diagnostic blocks with the anticipation that if successful; treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for use of diagnostic blocks for facet mediated pain include: blocks limited to patients with low back pain that is not radicular and at no more than 2 levels bilaterally; there must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. The documentation should include a future plan for a Rhizotomy/neurotomy to follow. The clinical evaluation fails to indicate indicators of pain related to facet joint pathology. Diagnostic facet blocks should only be performed in patients for whom a surgical procedure is anticipated. It is not noted within the review that the injured worker has a planned surgical procedure. In addition, the provider's request is for more than 2 joint levels bilaterally. In addition, the clinical documentation fails to objectively support failure of conservative care. The request for medial branch block T6-7, T8-9, T10 bilaterally is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management, Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation provided for review does not contain an adequate pain assessment. A pain assessment should include: current pain, the least reported pain over the period since the

last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to an inadequate pain assessment for opioid therapy, the provider's request fails to indicate a dosage frequency. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS, Page(s): page(s) 73.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate NSAIDs as recommended at the lowest dose for the shortest period in patients with moderate to severe pain from osteoarthritis including that of the knee and hip. Nonselective NSAIDs such as Anaprox are indicated at a maximum dose on day 1 not exceeding 1375 mg and 1100 mg on subsequent days. The provider's request for Anaprox fails to indicate a frequency of dosage. In addition, the provider's request for Anaprox is not noted to be indicated in the clinical note for osteoarthritis. In addition, the injured worker does not have a diagnosis for the knee or hip. As such, the request for Anaprox 550 mg #60 is not medically necessary.