

Case Number:	CM14-0154125		
Date Assigned:	10/23/2014	Date of Injury:	06/27/2011
Decision Date:	11/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Pain Medicine 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:

This is a female patient with a date of injury of June 27, 2011. A utilization review determination dated August 26, 2014 recommends non-certification of medial branch blocks bilaterally at L4-L5, omeprazole 20 mg #60, hydrocodone/APAP 10-325mg #90 with modification to #68 for weaning purposes, and Mentherm gel 4oz. A progress note dated July 31, 2014 identifies subjective complaints of low back, bilateral hip, and bilateral shoulder pain which the patient currently rates at a 8-9/10. The patient states that her pain level has remained increased since her last visit; she said she fell yesterday when she was trying to get up from a seated position because her right leg was numb and swollen. The patient states she struck her right ankle when she caught herself. The patient reports that the medications provide her with minimal relief; she states that the medications decrease her pain from a 9/10 to an 8/10 on the pain scale. The patient denies any side effects to the medications. She states she is unable to perform a home exercise program due to her pain. The patient reports numbness to her bilateral hands and fingers and bilateral feet. She reports right leg numbness to the heel. Physical examination identifies limited range of motion of the lumbar spine that worse in extension with a positive facet provocation test, she has diffuse tenderness to palpation of the lumbar spine with right greater than left sciatic notch tenderness. The sensation is diminished of the right L3, L4, L5, and S1 dermatomes. She has a positive straight leg raise test on the right side. Findings of an MRI of the lumbar spine dated July 15, 2014 is noted within the progress note with the impression reported to be mild degenerative disc disease with retrolisthesis at L4-5, and L5-S1 with L4-5 mild bilateral neural foramina narrowing and dextroeliosis. At L4-5: central protrusion and facet arthropathy without canal stenosis but with mild bilateral neural foramina narrowing. The diagnoses include degenerative disc disease with retrolisthesis at L2-L3, L4-5 moderate canal stenosis, lumbar radiculopathy, facet arthropathy, and chronic pain syndrome. The treatment plan recommends a

medial branch block bilaterally at L4-5, continue with psychiatrist for depression and difficulty sleeping, she is encouraged to continue with some form of home exercise program, continue with the Norco as needed for severe pain, continue the Norflex as needed for muscle spasms, continue with privacy act as needed for gastritis, and a prescription for Methoderm gel 4oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBB bilaterally at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for medial branch blocks bilaterally at L4-L5, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, there is an abnormal sensory examination, and a diagnosis of radiculitis. Guidelines do not support the use of facet injections in patients with abnormal neurologic examinations, and radicular findings. As such, the currently requested medial branch blocks bilaterally at L4-L5 are not medically necessary.

Omeprazole 20mg #60: 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 (Effective July 18, 2009) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Omeprazole 20mg #60, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole 20mg #60 is not medically necessary.

Hydrocodone/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 10/325mg #90, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is significantly improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, fortunately, there is provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (Hydrocodone/ Acetaminophen) 10/325mg #90 is not medically necessary.

Menthoderm gel 4oz: 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 (Effective July 18, 2009) Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>

Decision rationale: Regarding the request for Menthoderm gel 4oz, this topical compound is a combination of methyl salicylate and menthol (according to the Menthoderm website). Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Menthoderm. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Menthoderm is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Menthoderm gel 4 oz. is not medically necessary.