

Case Number:	CM14-0167671		
Date Assigned:	10/15/2014	Date of Injury:	08/28/1999
Decision Date:	11/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 and 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 57 year old male with an injury date on 08/28/99. Based on the 07/31/47 progress report provided by [REDACTED], the patient complains of lower back and bilateral leg pain. Record shows tenderness, tightness and decrease ROM at lumbosacral region. Treater records hypoesthesia over plantar left foot. No other significant findings notes on this report. His diagnoses include the following: 1. Lumbar DDD with annular disc tears at L3-4, L4-5 and L5-S1. 2. Lumbar facet arthrosis 3. Mid-thoracic back pain 4. Past chronic cervical sprain and strain [REDACTED] is requesting for the following: 1. Bilateral L5, ALAR, S1 (RFR) 2. Restoril 30 mg, #303. Methadone 10 mg, #304. Ibuprofen 800 mg, #60 with 2 refills 5. Flector patch 1.3%, #30 The utilization review denied the request on 10/02/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/03/14 to 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L5, ALAR, S1 (RFR): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1.

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 radiofrequency neurotomy

Decision rationale: According to 07/31/14 report by [REDACTED], this patient presents with lower back and bilateral leg pain. The request is for bilateral L5, ALAR, and S1 (RFR). Review of the reports show the patient has had a RFR on 07/15/14. Functional improvement is 50%-75% pain relief and it last 8 weeks. Regarding repeats neurotomies, ODG Guidelines states "approval of repeat neurotomies depends on variables such as evidence of adequate diagnosis blocks, documented improvement in VAS score, decreased medication and documented improvement in function." Review of progress reports from 01/03/14 to 09/29/14, do not document decreased pain level such as VAS and no mentioned of medication reduction. ODG requires documentation of improved VAS score and decrease in medication to warrant a repeat injection. In this case, the treater is requesting injections for levels L5-S1 bilaterally. ODG guidelines do not support repeat injections when lack of documentation per ODG. The request is not medically necessary.

1 Prescription of Restoril 30 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with low back and bilateral leg pain. The treater is requesting Restoril 30 mg #30. The MTUS page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Review of reports from 01/03/14 to 09/29/14 provides no discussions regarding any sleep issues. No discussions regarding why this medication is being prescribed. Restoril was first noticed on 01/03/14 report. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. Given that the treater has been prescribing this medication for a long-term basis, the request is not medically necessary.

1 Prescription of methadone 10 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: This patient presents with low back and bilateral leg pain. The treater is requesting Methadone 10 mg #30. Methadone was first mentioned on 01/03/14 report. No discussion of when the patient was initially prescribed to this medication. For chronic opiate use, MTUS Guidelines page 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, ADLs, 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 reports shows no indication of ADLs, change in work status, or return to work attributed to use of Methadone. The records show no reference of numerical scale to assess the patient's pain levels. No opiate monitoring such as urine toxicology. MTUS requires not only analgesia but documentation of ADL's and functional changes. Treater does not discuss medication efficacy; therefore, the request is not medically necessary.

1 Prescription of Ibuprofen 800 mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications, Chronic pain; Non-steroidal anti-in.

Decision rationale: This patient presents with low back and bilateral leg pain. The treater is requesting Ibuprofen 800 mg #60 with 2 refills. MTUS page 22 supports this medication for chronic LBP, as first-line treatment, at least for short-term. It is also supported for other chronic pain conditions. Review of reports from 01/03/14 to 09/29/14 provides no discussions regarding why this medication is being prescribed. Ibuprofen was first noticed on 01/03/14 report. MTUS page 60 states, "A record of pain and function with the medication should be recorded." Treater does not discuss medication efficacy; therefore, the request is not medically necessary.

1 Prescription of Flector patch 1.3%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)<http://www.rxlist.com/flector-patch-drug.htm>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section, Medications for chronic pain Page(s): 60-61.

Decision rationale: This patient presents with low back and bilateral leg pain. The treater is requesting Flector patch 1.3% #30. Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Review of the reports show that while the patient has back and leg symptoms, the patient does not present with peripheral joint arthritis/tendinitis condition required by MTUS to use topical NSAIDs. Flector patches were first noted in 07/31/14 report but given the lack of proper diagnosis, it is not indicated per MTUS. Therefore, the request is not medically necessary.