

Case Number:	CM14-0170142		
Date Assigned:	10/20/2014	Date of Injury:	02/07/2002
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 71 years old with an injury date on 2/7/02. Patient complains of continuing left > right low lumbar pain, and bilateral leg pain that radiates into the bilateral feet per 8/18/14 report. Patient's average pain, mood, and functional level since last visit is rated 6/10, and patient has poor sleep quality per 8/18/14 report. Based on the 8/18/14 progress report provided by [REDACTED] the diagnoses are: 1. chronic lower back pain and leg pain, bilateral 2. lumbar spinal stenosis 3. lumbar spondylosis 4. myofascial pain/stenosis 5. hypertension hx 6. hx of murmur 7. poor sleep hygiene Exam on 8/18/14 showed "no new neurological deficits. Axial lower back pain worse than leg pain." No range of motion testing was provided in the reports. Patient's treatment history includes epidural steroid injection with relief lasting 6 days, trigger point injection, home exercise, physical therapy, and medication. [REDACTED] is requesting left L2, 3, 4, and 5 medial branch blocks, nucynta ER 150mg #60, and Norco 10/325mg #90. The utilization review determination being challenged is dated 9/23/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/5/14 to 8/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2,3,4 & 5 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of diagnostic blocks for facet "mediated" pain

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, online for diagnostic facet blocks

Decision rationale: This patient presents with lower back pain, bilateral leg pain, and bilateral foot pain. The treater has asked for left 12, 3, 4, and 5 medial branch blocks on 8/18/14. Review of the report shows no history of prior medial branch blocks. Regarding facet diagnostic injections, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the treater fails to document facet tenderness upon palpation on examination, a requirement per ODG guidelines. Furthermore, the request is for 4 levels DMB, or 3 level facet joints and ODG guidelines allow up to 2 level facet joint evaluations if it is to be performed. The request is not medically necessary.

Nucynta ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88,89.

Decision rationale: This patient presents with lower back pain, bilateral leg pain, and bilateral foot pain. The treater has asked for Nucynta ER 150MG #60 on 8/18/14. Patient began a retriial of Nucynta on 6/25/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with Nucynta, stating "worked okay" per 8/18/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.

Norco 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
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88,89.

Decision rationale: This patient presents with lower back pain, bilateral leg pain, and bilateral foot pain. The treater has asked for NORCO 10/325MG #90 on 8/18/14. Patient has been taking Norco since 7/16/14, when treater increased dosage (formerly taking Hydrocodone 7.5/325 BID and Hydrocodone 5mg TID, "neither really help that much" per 5/28/14 report). For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with Norco, stating "Norco at higher dose is helping with breakthrough pain" per 8/18/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.