

Case Number:	CM14-0029956		
Date Assigned:	06/20/2014	Date of Injury:	02/23/2003
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery 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 injured worker is a 47-year-old gentleman was reportedly injured on February 23, 2003. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated May 13, 2014, indicates there are ongoing complaints of low back pain. The injured employee controls the pain with the use of a spinal cord stimulator, MS Contin, Morphine Sulfate, Neurontin, Zanaflex, Senokot, and medical marijuana. The physical examination demonstrated tenderness to the cervical and lumbar paraspinal muscles. There was a negative straight leg raise test. Examination of the knees noted decreased range of motion secondary to pain. There was a diagnosis of lumbar facet arthropathy, status post interbody fusion at L5/S1, bilateral lower extremity radicular pain, sacral ileitis, cervical disc disease, opioid induced constipation, insomnia, and myofascial pain syndrome. Current medications were continued in orthopedic evaluation was requested for knee pain. A request was made for a bilateral branch block at L4/L5 and Flexeril and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Branch Nerve Block L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back-Facet Joint Diagnostic Blocks.

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 - Lumbar & Thoracic (Acute & Chronic), Lumbar facet joint blocks. Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines lumbar facet joint blocks are not indicated for patients with radicular symptoms and the injured employee who has been diagnosed with this condition. Additionally it is not specified in these blocks are intended to be diagnostic or therapeutic. Therefore this request for bilateral nerve branch blocks at L4/L5 is not medically necessary.

Flexeril 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Flexeril Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines most relaxants are intended as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The injured employee has first line oral medications and the use of a spinal cord stimulator and a prescription of 60 tablets is reasonable for short-term episodic treatment. This request for Flexeril is medically necessary.

MS Contin 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

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

Decision rationale: According to the medical records provided it is unclear why the injured employee has chronic prescriptions of opioid medications in addition to the use of their spinal cord stimulator. Additionally there is no mention of the efficacy of these opioids, or their ability to assist the injured employee in return to work or participate in activities of daily living. For these reasons this request for MS Contin is not medically necessary.

MSIR 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

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

Decision rationale: According to the medical records provided it is unclear why the injured employee has chronic prescriptions of opioid medications in addition to the use of a spinal cord stimulator. Additionally there is no mention of the efficacy of these opioids, or their ability to assist the injured employee in return to work or participate in activities of daily living. For these reasons, this request for Morphine Sulphate Instant Release is not medically necessary.