

Case Number:	CM14-0034082		
Date Assigned:	06/23/2014	Date of Injury:	03/18/2008
Decision Date:	08/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/18/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 30-year-old female who reported an injury on March 18, 2008. The mechanism of injury was not provided. On March 14, 2014, the injured worker presented with low back pain radiating to her right buttock. Upon the examination there was tenderness to palpation over the lumbar paraspinal overlying the right L4-5 and right L5-S1 facet joints. There was also tenderness noted to the right sacroiliac joint sulcus and decrease lumbar range of motion due to pain in all directions. The diagnoses were right lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, right sacroiliac joint pain, right L4-5 laminectomy, lumbar sprain/strain, L3-4 posterior disc protrusion, mild right foraminal stenosis, L4-5 posterior disc protrusion and L5-S1 posterior disc protrusion. Prior therapy included physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and conservative treatments. The medications included oxycodone and Lyrica. The provider recommended a medial branch block for the L4-5 and L5-S1 to evaluate for the presence of lumbar facet joint pain as the reason for the injured worker's low back pain symptoms, Lyrica to treat neuropathic pain, oxycodone to help with pain and maintenance of activities of daily living and Valium for improvement of anxiety secondary to industrially related pain. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic right L4-L5 and right L5-S1 facet joint medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300, Chronic Pain Treatment Guidelines Page(s): 20, 24, and 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Medial Branch Block.

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Guidelines state invasive techniques, including facet joint injections are of questionable merit. The Official Disability Guidelines further state that facet joint medial branch blocks are not recommended except as a diagnostic tool. The criteria for use of a diagnostic block include diagnostic blocks require a greater than or equal to 70% decrease in pain for at least 2 hours, limited to injured workers with low back pain that is nonradicular and at no more than 2 levels bilaterally. Documentation and failure of conservative treatment, and diagnostic facet blocks should not be performed in injured workers in whom a surgical procedure is anticipated. The physical examination noted tenderness upon the specific facet joints; however, there is a lack of provocative testing to include a straight leg raise. In absence of a sensory examination and provocative testing, more information would be needed upon physical examination to warrant a medial branch block. As such, the request for fluoroscopically guided diagnostic right L4-L5 and right L5-S1 facet joint medial branch blocks is not medically necessary or appropriate.

Lyrica 100mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), page(s) 99 Page(s): 99.

Decision rationale: Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and there was FDA approval for both indications. It is considered first line treatment for both, because Lyrica has also been approved to treat fibromyalgia. The included documentation lacks evidence that that the injured worker has a diagnosis that is congruent with the guideline recommendations for Lyrica. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted, as such, the request for Lyrica 100mg, ninety count, is not medically necessary or appropriate.

Oxycodone 10mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for ongoing management of chronic pain. Documentation of an objective improvement in function, an objective decrease in pain, evidence that the injured worker is being monitored for aberrant drug behavior and side effects. Additionally, the cumulative dosing of all Opioids exceeds 120 mg of oral morphine equivalent per day. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Oxycodone 10mg, 180 count, is not medically necessary or appropriate.