

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0037792 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 08/06/2006 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 03/31/2014 |

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 Emergency 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:

Patient with reported date of injury on 8/6/2006, mechanism of injury described as low back injury after lifting at work. Patient has a diagnosis of lumbosacral disc injury, lumbosacral radiculopathy and lumbosacral sprain/strain injury. History of lumbar spine fusion at L5-S1 in 12/2012 with failed back syndrome. Multiple medical records from primary treating physician and consultants reviewed last report available until 6/12/2014. The recent records do not mention the denial of the medial branch blocks or the requested medications. Last report that mentions the denial is from 3/26/14. Note mentions that the requested medial branch blocks are for diagnostic purposes for assessment for potential radio frequency ablation in the future. There is no mention of the denied or modified requested medications. Patient continues to complain of back pain involving low back and legs. Pain is mid back radiating to bilateral gluteal region. Pain is 7-8/10. Pain worsens with sitting, descending stairs and lifting heavy objects. Objective exam reveals decreased lumbar range of motion, normal motor strength in lower legs and positive straight leg raise bilaterally. Localized tenderness at L4-5 and L5-S1 levels. Scars are well healed. No sensory changes. No complete medication list was provided. Patient appears to be on Neurotin, naproxen, Norflex and Prilosec. Tylenol #3 appears to have been started on 12/2013. MRI (12/11/13) reveals interval L5-S1 discectomy with anterior fusion in normal alignment, residual 2-3mm central bulge/scar tissue extend into ventral epidural fat but no central canal stenosis or mass affect, L4-5 circumferential 1mm disc bulge and mild bilateral foraminal narrowing. EMG (Electromyography) (11/1/2013) reveals bilateral L5-S1 radiculopathies with sensorimotor polyneuropathies. Patient reportedly completed physical therapy, acupuncture and chiropractic. Utilization review is for bilateral L4 and L5 medial branch block, Flexeril 7.5mg #60, Tylenol #3 #60. Prior UR on 3/26/2014 recommended non-certification of medial branch block; modified

prescription for Flexeril and Tylenol 3 and recommended certification for Neurontin, Naproxen and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 medial branch block: Overturned

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

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 and Thoracic (Acute and Chronic), Facet Joint diagnostic block (injections).

Decision rationale: MTUS Chronic pain guideline does not deal with this topic while ACOEM guidelines have minimal detail concerning this procedure. Prior reports from requesting physician was unclear as to purpose of the procedure. The follow-up letter concerning the denial states that this procedure is for diagnostic purposes for potential assessment for neurotomy.Official Disability Guide (ODG) recommends medial branch diagnostic block for diagnostic purpose if criteria are met. Patient meets basic criteria for approval (many of the criteria involve the procedure itself). The requested bilateral L4-L5 medial branch block is medically necessary.

Flexeril 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for short course only due to side effects. Patient appears to have been on Flexeril since December 2013. The requested number of tablets is not consistent with short term use. Chronic use of Flexeril 7.5mg #60 is not recommended and is therefore not medically necessary.

Tylenol 3 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tylenol #3(Tylenol with codeine) is an NSAID with an opioid. Patient has been on Tylenol #3 since December 2013. As per MTUS Chronic pain guidelines, chronic opioid use must meet specific criteria for continued recommendation. Documentation does not support the continued ongoing management and use of Tylenol #3. There is no documentation of objective improvement in analgesia or activity of daily living. There is only vague documentation that pain medications help improve the pain. There is no documentation of monitoring of adverse events and/or aberrant behavior. The documentation does not meet criteria for continued use of Tylenol #3. Therefore, the request for Tylenol 3 #60 prescription is not medically necessary.