

Case Number:	CM14-0037953		
Date Assigned:	06/25/2014	Date of Injury:	05/19/2009
Decision Date:	09/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Medicine and is licensed to practice in Texas. 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 61 year old female who sustained an injury on 05/19/09 due to being involved in a motor vehicle accident. The injured worker sustained a traumatic closed head injury as well as injuries to the left knee and left shoulder. The injured worker has had multiple surgical procedures for both the left shoulder and left knee and has had continuing complaints of both axial and low back pain limiting range of motion and her ability to perform activities of daily living. The clinical report from 02/13/14 noted continuing complaints of both neck and low back pain that was approximately 4-6/10 on the visual analog scale. Medications did include Norco 5/325 mg utilized 3 times daily, Celebrex 200 mg utilized daily, Clonazepam 0.5 mg daily, alprazolam 0.5 mg and Cymbalta 60 mg. There were several medications prescribed by other physicians. Physical examination did note tenderness to palpation at the cervical paraspinal musculature with some limited range of motion of the cervical spine. In the lumbar spine there was paralumbar tenderness centered at L3-4 with loss of lumbar range of motion on extension and slightly on flexion. No neurological deficits were identified. The injured worker did have decreased sensation globally in the right lower extremity. No dermatomal findings were identified. The injured worker was recommended to continue with Norco at this visit and a urine toxic screen was ordered. Recommendation was for bilateral lumbar medial branch blocks from L3 through L5. A total of two series of injections were recommended. Depending on the outcome of the blocks, radiofrequency ablation procedures would be considered. The requested series of two bilateral diagnostic medial branch blocks L3-4, L4-5 with fluoroscopic guidance and anesthesia as well as Norco 5/325 mg #90 were both denied by utilization review on 02/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of two (2) bilateral diagnostic medial branch blocks, L3-4, L4-5, under fluoroscopic guidance with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Low back.

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, Facet Blocks Diagnostic.

Decision rationale: In regards to the request for requested series of two bilateral diagnostic medial branch blocks L3-4, L4-5 with fluoroscopic guidance and anesthesia, this reviewer would not have recommended this request as medically necessary. In review of the clinical documentation, there was no clear evidence of facet mediated pain on physical examination. There is no indication of any specific tenderness over the lumbar facets or any pain with facet loading. The request also was duplicative in nature and would not be supported by guidelines which limit medial branch blocks to one series only and depending on response radiofrequency rhizotomy procedures would then be indicated. Additionally, guidelines do not recommend the use of anesthesia during medial branch block procedures as this could possibly cloud the results from the diagnostic injection. As the clinical documentation submitted for review does not meet guideline recommendations regarding the requested service, this reviewer would not have recommended this request as medically necessary.

Norco 5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Norco 5/325mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk

assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this reviewer would not have recommended this request as medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: In regards to the request for Urine drug screen testing, the injured worker's prior urine drug screen history was not specifically documented. The patient was recommended to continue with Norco; however, this was found to be not medically necessary. The injured worker was utilizing multiple benzodiazepines. It is unclear what the patient's current opioid risk factors were as there are no updated COMM or SOAPP reports available for review. Without an indication regarding recent concerns for aberrant medication use and as the last urine drug screen findings are not documented, this reviewer would not have recommended the request as medically necessary.