

Case Number:	CM14-0042947		
Date Assigned:	06/30/2014	Date of Injury:	05/07/2002
Decision Date:	07/30/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 05/07/2002. Treating diagnoses include lumbar facet arthropathy, trochanteric bursitis, knee pain, lumbosacral radiculopathy, fibromyalgia, and chronic pain syndrome. On 02/12/2014, the treating pain physician saw the patient in follow-up. The patient reported that her headaches had gotten very severe and her eye had been twitching. She requested an injection of tramadol. She also requested a replacement of her broken TENS machine. The patient reported her medication regimen did help to keep her symptoms tolerable, and she requested a medication refill. Her medications include amitriptyline, omeprazole, sucralfate, ranitidine, Imitrex 50 mg up to b.i.d., Lyrica, Percocet, and a TENS unit. The patient had a right antalgic gait and ambulated with a rolling walker. Lumbar range of motion was grossly limited including muscle spasm in the upper and mid and lower paraspinals without radiation. The patient had pain with lumbar extension with rotation and lateral flexion. The treating physician was awaiting a right L3-4, L4-5 medial branch block x2 and also recommended a right trochanteric bursa injection. The treating physician also recommended a C3-4 medial branch block for cervical facet syndrome. The treating physician noted that the patient's headaches were likely cervicogenic and thus discussed with the patient long-term use of Imitrex. The treating physician also discussed non-opioid pharmacological treatment for nonindustrial fibromyalgia. The treating physician refilled Lyrica and also increased Percocet and recommended use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two right Lumbar 3, Lumbar 4, Lumbar 5 medical branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, Low Back.

Decision rationale: ACOEM Guidelines, Low Back Chapter 12, page 300 states that invasive techniques of the lumbar spine are of questionable merit. More specific guidance can be found in Official Disability Guidelines/Treatment in Workers' Compensation/Low Back, which discusses diagnostic medial branch blocks. These guidelines do not recommend medial branch blocks if a patient has been diagnosed with a lumbar radiculopathy, as in this case. Additionally, these guidelines would recommend at most 1 medial branch block though not recommend a series of 2 blocks. For these multiple reasons, the medical records do not support an indication for the requested set of 2 lumbar medial branch blocks. This request is not medically necessary.

(1) Prescription of Imitrex 50 mg # 45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (trauma, headaches, ect. not including stress and mental disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Approved Labeling Information.

Decision rationale: The Medical Treatment Utilization Schedule does not directly discuss this medication. FDA approved labeling information states that this medication should be used only for migraine headaches. The Official Disability Guidelines/Treatment in Workers' Compensation/Pain/Triptans states that this class of medications is effective for migraine headaches. The medical records in this case state that this patient likely has cervicogenic headaches. The medical records do not clearly document migraine headaches. This request is not supported by the guidelines. Imitrex is not medically necessary.

(1) Prescription of Lyrica 150 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Antiepileptic Medications Page(s): 17.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Antiepileptic Medications, page 17, states that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The medical records do not meet this criteria to support an indication for this medication or benefit for this medication on a chronic basis. Give the above this request is not medically necessary.

(1) prescription of Percocet 10/325 mg # 120: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Management, page 78, discusses the 4 A's of opioid management. The medical records in this case do not meet these criteria. It is particularly not clear that this patient has functional benefit from opioids to support ongoing use of this class of medications. Give the above this request is not medically necessary.