

Case Number:	CM14-0044379		
Date Assigned:	06/20/2014	Date of Injury:	05/11/2003
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/19/2014

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 Internal Medicine and Emergency Medicine 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:

This patient is a 55 year-old with a date of injury of 05/11/03. A progress report associated with the request for services, dated 02/13/14, identified subjective complaints of low back pain. He has been through detoxification from opioids. Objective findings included facet tenderness. There was pain with range-of-motion. Motor and sensory findings were not noted. Diagnoses included multilevel lumbago with left-sided radiculopathy; bilateral facet and sacroiliac joint arthropathy; and reactive depression and anxiety. Treatment has included antidepressant and anti-anxiety agents as well as a previous facet joint injection. A Utilization Review determination was rendered on 03/06/14 recommending non-certification of "Facet Injections bilaterally L4-5 and L5-S1; ConZip ER 100mg x one month supply; and Celebrex 200mg".

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injections bilaterally L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Facet Joint Intra-articular Injections.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that facet joint injections are not recommended. The Official Disability Guidelines (ODG) states that facet joint injections of the low back are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If used anyway, the following criteria are recommended:-No more than one therapeutic intra-articular block is recommended.-There should be no evidence of radicular pain, spinal stenosis, or fusion.-If successful (initial pain relief of 70%, plus pain relief duration of 50% for at least six weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy.- No more than two facet joint levels may be blocked at any one time.-There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to the facet joint injection.Facet joint injections are not recommended. Likewise, the above criteria have not been met. Therefore, there is no documentation in the record for the medical necessity of bilateral lumbar facet joint injections.

Conzip ER 100mg x one month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 74-96; 113.

Decision rationale: Conzip (tramadol) is a centrally acting synthetic opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." Opioids are not recommended for more than 2 weeks and the Guidelines further state that tramadol is not recommended as a first-line oral analgesic. This patient has been on tramadol in excess of 16 weeks.The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy in view of the recommendations to avoid long-term therapy. Therefore, the record does not document the medical necessity for Conzip.

Celebrex 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: Celebrex is a COX-2 inhibitor non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. Again, no one NSAID was superior to another. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. The request is for a COX-2 inhibitor. There was no documentation of underlying ischemic heart disease or gastrointestinal disease. Therefore, the record does not document the medical necessity for Celebrex.