

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0044390 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 07/14/2008 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 04/08/2014 |
| Priority: | Standard | Application Received: | 04/11/2014 |

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 Occupational 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 is a 56-year-old female who has submitted a claim for bilateral sacroiliac joint pain, sacroiliitis, status post positive fluoroscopically-guided diagnostic right SI joint injection, lumbar facet joint pain, lumbar facet joint arthropathy, and lumbar sprain / strain associated with an industrial injury date of 07/14/2008. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the bilateral gluteal and posterolateral areas. Aggravating factors included prolonged sitting, standing, and lifting. Patient likewise complained of left shoulder pain described as shooting, sharp, and burning. She reported gastrointestinal upset upon Celebrex use. Physical examination of the lumbar spine showed restricted range of motion and tenderness. Lumbar discogenic provocative maneuver, right sacroiliac provocative maneuver, Gaenslen's, Yeoman's, pressure at the sacral sulcus, and Patrick's maneuver were positive. Reflexes were +1 and motor strength was 5/5 at bilateral upper and lower extremities. Treatment to date has included medial branch block, use of a TENS unit, trigger point injection, cortisone injection, and medications such as Norco, zolpidem, naproxen, lorazepam, butalbital / asa / caffeine, Celebrex, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Medial Branch Blocks L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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, Medial Branch Block.

Decision rationale: CA MTUS does not specifically address medial branch blocks. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, patient had persistent low back pain despite physical therapy, NSAIDs, and conservative treatment. Fluoroscopically-guided diagnostic right sacroiliac joint injection on 03/01/2013 provided 90% relief of right sacroiliac and right gluteal pain after 30 minutes and lasting over two hours. While the fluoroscopically-guided diagnostic left sacroiliac joint injection on 06/13/2013 provided 80% pain relief after 30 minutes lasting over two hours. However, previous utilization review from 02/06/2014 already certified this request. Patient underwent right Medial Branch Blocks L3-S1 on 03/24/2014. There is no clear rationale presented for a repeat procedure at this time. Therefore, the request for Right Medial Branch Blocks L3-S1 is not medically necessary.

Neurontin 300mg Quantity 30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, patient presented with low back pain radiating to bilateral gluteal and posterolateral areas. Patient likewise complained of left shoulder pain described as shooting, sharp, and burning. She was prescribed Neurontin since January 2014, however, no drug intake was initiated to date due to non-certification of previous UR. Clinical manifestations are consistent with neuropathic pain; hence, prescription of gabapentin is a reasonable treatment option at this time. The medical necessity has been established. Therefore, the request for Neurontin 300mg Quantity 30 is medically necessary.

Celebrex 200mg Quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient was initially on naproxen in 2013 and later shifted into Celebrex on 1/7/14. The documented rationale for Celebrex was to reduce pain and to restore functional activity. However, long-term use was not recommended. Moreover, recent progress reports cited that patient experienced gastrointestinal upset from its use. The medical necessity was not established. Therefore, the request for Celebrex 200mg Quantity 30 is not medically necessary.

Omeprazole 20mg Quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient was prescribed omeprazole since January 2014. She reported gastrointestinal upset and heartburn from multiple oral medication intake. The medical necessity has been established. Therefore, the request for Omeprazole 20mg Quantity 30 is medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current treatment regimen includes Norco, lorazepam, Celebrex, and Neurontin. Urine drug screens performed on 11/07/2013 and 1/21/2014 were consistent with the prescribed medications. There was no discussion concerning aberrant drug behavior that may warrant repeat testing at this time, however, screening is appropriate at this time given the date of the most recent test. The medical necessity was established. Therefore, the request for urine drug screen is medically necessary.