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| Case Number: | CM14-0065627 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 05/28/2012 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

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 Family 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:

This is a 73-year-old male who reported an industrial injury on 5/28/2012, over two years ago, attributed to the performance of his customary job tasks. The patient was documented to complain of right shoulder, low back and right knee pain. The patient was documented to be taking ibuprofen 400 mg; gabapentin 200 mg; (nine; and Norco. The objective findings on examination included tenderness to the low back, tenderness to the bilateral shoulders and arm, cervical spine tenderness to palpation. The diagnoses were multiple rib fractures; back compression fracture; right shoulder fracture; and right rotator cuff tear. The treatment plan included Opana ER10 mg #60; Norco 10/325 mg #180; vitamin D 5000 mg unspecified quantity; and bilateral L3, L4, and L5 medial branch blocks for diagnostic purposes of facet pain. The patient was to remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side L3,L4, L5 medial branch block: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 309; 174-175; 187,Chronic Pain

Treatment Guidelines injections Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter--Facet joint blocks and injections; MBB;

Decision rationale: The request for the lumbar spine MMB or facet blocks to the right lumbar spine L3-L5 is inconsistent with the recommendations of the ACOEM Guidelines or the ODF for the treatment of this injured worker. The CA MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine and no documented diagnosis of lumbar spine facet hypertrophy. The MMB was ordered as a screening test to evaluate for facet pain. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There is no demonstrated medical necessity for multiple level median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of lumbar strain and chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend, "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments. Therefore, Right side L3, L4, L5 medial branch block is not medically necessary.

Left side L3,L4, L5 medial branch block: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 309; 174-175; 187, Chronic Pain Treatment Guidelines injections Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter--Facet joint blocks and injections; MBB.

Decision rationale: The request for the lumbar spine MMB or facet blocks to the left lumbar spine L3-L5 is inconsistent with the recommendations of the ACOEM Guidelines or the ODF for the treatment of this injured worker. The CA MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine and no documented diagnosis of lumbar spine facet hypertrophy. The left lumbar spine facet blocks are ordered as a screening test to evaluate for facet pain. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There is no demonstrated medical

necessity for multiple level median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of lumbar strain and chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend, "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments. So the Left side L3, L4, L5 medial branch block is not medically necessary.

Opana ER 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116.

Decision rationale: The prescription for Opana ER 10 mg #60 for long acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back, shoulder, and knee for the date of injury 2 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for back, shoulder, and knee pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Opana ER 10 mg is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the long term treatment of chronic back, shoulder or knee pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines

recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period 70 days. This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Opana ER 10 mg for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Opana ER 10 mg. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Opana ER 10 mg is not medically necessary.

Norco 10/325mg #180: Upheld

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 Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids.

Decision rationale: The prescription for Hydrocodone-APAP (Norco) 10/325 mg #180 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury over 2 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for mechanical back pain, which is inconsistent with the recommendations of the CA

MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 2 years s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period 70 days. This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #180 is not medically necessary.

Vitamin D 5000mg (quantity not specified): Upheld

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

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: General medicine disciplinary guidelines.

Decision rationale: The patient was prescribed a Vitamin D 5000 g under the rationale of treatment of pain and the nervous system. The use of the prescribed Vitamin D was directed to underlying general health issues with no rationale to support the medical necessity of the extra Vitamin D over a good diet or OTC multiple vitamins. There were no provided lab values for a Vitamin D level to demonstrate medical necessity. There was no rationale supported with objective evidence to support the medical necessity of the prescribed vitamin D tabs. So, Vitamin D 5000mg (quantity not specified) is not medically necessary.