

Case Number:	CM14-0069599		
Date Assigned:	07/14/2014	Date of Injury:	02/15/2012
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/14/2014

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:

The patient is a 51-year-old male who has submitted a claim for degenerative cervical intervertebral disc disease, cervical spondylosis with myelopathy, lumbago, thoracic/lumbosacral neuritis/radiculitis, lumbosacral spondylosis without myelopathy, cervicgia, myalgia and myositis, spasms of muscle, and degenerative lumbar/lumbosacral intervertebral disc disease associated with an industrial injury date of February 15, 2012. Medical records from 2014 were reviewed. The patient complained of low back pain. The pain radiates to both hips, left more than the right. Patient underwent bilateral L3, L4, and L5 medial branch block on June 18, 2014 noting 100% relief of back pain. Patient states that he has no back pain, only a little stiffness in the lower back. Physical examination showed minimal low back pain since the medial branch block with minimal to no leg pain either. He does have facetogenic symptoms. MRI of the lumbar spine, dated August 12, 2012, revealed disc bulges at L4-L5 of 3 to 4mm with flattening of the dura and bilateral neural foraminal narrowing and at L5-S1 of 2mm. Treatment to date has included medications, physical therapy, Home Exercise Program, activity modification, lumbar epidural steroid injections, bilateral carpal tunnel release, excision of right volar ganglion, left and right shoulder arthroscopy, and lumbar medial branch block. Utilization review, dated May 5, 2014, denied the request for Celebrex 200mg #60 because the medical records did not establish that the patient has a risk of GI complications or has failed to respond to first-line generic NSAID medications to support the requested medication; denied the request for Lorzone 750mg #60 because the records did not establish an acute exacerbation of chronic low back pain and there was no evidence of myospasm; and denied the request for bilateral medial branch blocks at L3, 4 and 5 because medical records failed to establish objective evidence of facet mediated pain, and records did not show failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Celebrex; NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines, pg. 22, states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, the patient was prescribed Celebrex since at least February 2014. However, there were no reports of pain relief and functional gains specifically from this medication. Moreover, there were no gastrointestinal complaints related to use of first-line NSAIDs. Long-term use is likewise not recommended. Therefore, the request for Celebrex 200 mg #60 is not medically necessary.

Lorzone 750 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen. Lorzone (Chlorzoxazone) is a drug that works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. In this case, the patient was taking Lorzone since April 14, 2014. Progress report dated May 22, 2014 state that Lorzone was controlling his pain without side effect. However, the recent clinical evaluation dated June 19, 2014 states that the patient has no back pain due to the relief from the medial branch block. Moreover, Lorzone is not indicated for long-term use and it is one of the drugs with the most limited published

evidence of effectiveness as per the guidelines stated above. Therefore, the request for Lorzone 750 mg #60 is not medically necessary.

Bilateral medial branch blocks (MBB) at L3, 4, and 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, the patient previously underwent lumbar medial branch blocks on June 18, 2014. The procedure afforded 100% relief of back pain. However, the rationale for another medial branch block was not provided despite complete relief of the low back pain. Moreover, there was no objective evidence of failure and exhaustion of guideline-supported conservative treatments for at least 4-6 weeks prior to the requested procedure. The guideline criteria have not been met. Therefore, the request for Bilateral medial branch blocks (MBB) at L3, 4, and 5 is not medically necessary.