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| Case Number: | CM14-0096899 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 05/28/2009 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old male with a 5/28/09 date of injury, status post right shoulder surgery (undated), status post anterior cervical discectomy fusion at C5-C6 in 2011, and status post posterior spinal fusion with arthrodesis at C5-C6, right neuroforaminotomy, and autograft and allograft bone fusion 9/12/13. At the time (1/14/14) of request for authorization for Oxycodone/Acetaminophen (Percocet) 5/325 mg #60 and Medial Branch Block at Bilateral L3,4 and 5 lower back, there is documentation of subjective (low back pain, posterior knee pain, bilateral leg pain, and left groin pain, with pain 7/10 at worst and 3/10 at best) and objective (tenderness of paravertebral musculature bilaterally, and normal sensory, reflex, and motor exam bilaterally) findings, current diagnoses (post-surgery, pseudoarthrosis, cervicalgia, cervical radiculitis, low back pain, degenerative disc disease, and facet arthrosis), and treatment to date (chiropractic therapy and medications (including ongoing treatment with Percocet and Robaxin)). Medical report identifies patient has discogenic low back pain with bilateral lower extremity leg pain. Regarding Oxycodone/Acetaminophen (Percocet) 5/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Percocet use to date. Regarding Medial Branch Block at Bilateral L3, 4 and 5 lower back, there is no documentation of failure of additional conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/acetaminophen (Percocet) 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80; 92; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post-surgery, pseudoarthrosis, cervicalgia, cervical radiculitis, low back pain, degenerative disc disease, and facet arthrosis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Percocet, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone/Acetaminophen (Percocet) 5/325 mg, #60 is not medically necessary.

Medial Branch Block at Bilateral L3,4 and 5 lower back: Upheld

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

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, Medial Branch Blocks (MBBs).

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of post-surgery, pseudoarthrosis, cervicalgia, cervical radiculitis, low back pain, degenerative disc disease, and

facet arthrosis. In addition, there is documentation of low-back pain that is non-radicular, at no more than two levels bilaterally, failure of conservative treatment (chiropractic therapy and medications) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, there is no documentation of failure of additional conservative therapy (home exercise and physical therapy) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for Medial Branch Block at Bilateral L3, 4 and 5 lower back is not medically necessary.