

Case Number:	CM14-0126192		
Date Assigned:	08/13/2014	Date of Injury:	07/20/2002
Decision Date:	07/13/2015	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 56-year-old male who sustained an industrial injury on 07/20/2002. Diagnoses include degenerative disc disease of the lumbar spine with worsening radiculopathy, worsening mechanical low back complaints and lumbar facet hypertrophy. Treatment to date has included medications, lumbar fusion, chiropractic treatment, medial branch nerve blocks and physical therapy. According to the PR2 dated 7/7/14 the IW reported aching neck pain, rated 6/10, with occasional radiation of numbness and tingling to the bilateral upper extremities down to the fingertips. He also had complaints of aching, burning mid and low back pain with radiation of aching, burning and tingling to the bilateral lower extremities down to the toes, rated 8/10. Medications included Norco, Gabapentin, Docuprene and Lidopro topical ointment. He indicated his pain medications reduced his pain by about 15%. On examination, the lumbar paraspinal muscles were tender to palpation on the right side. Range of motion of the cervical, thoracic and lumbar spine was decreased in all planes. The left C4 through C7 and left L4 through S1 dermatomes were decreased to pinprick and light touch. There was positive facet loading at the bilateral L3-4 and L4-5 levels. MRI results dated 8/24/11 were positive for degenerative disc disease with retrolisthesis L3-4 and grade I anterolisthesis L5-S1 with post-operative changes; canal stenosis, L2-3; and mild neural foraminal narrowing at L2-3 through L4-5. A request was made for medial branch block at bilateral L3-L4 and L4-L5 levels due to the IW's symptoms and objective findings consistent with facet arthropathy at those levels; and one prescription of Hydrocodone/APAP 10/325mg, #90 for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medial branch block at bilateral L3-L4 and L4-L5 levels: 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, Low Back-Lumbar and Thoracic (Acute and Chronic) Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Medial branch block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, #1 medial branch block and bilateral L3 - L4 and L4 - L5 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured workers working diagnoses are degenerative disc disease lumbar spine with worsening radiculopathy; worsening mechanical low back complaints; lumbar facet hypertrophy; and persistent bilateral knee complaints. According to the utilization review dated the July 25th 2014, a medial branch block at bilateral L3 - L4 and L4 - L5 was certified on review #1090450 for the same request on July 9, 2014. A subsequent/duplicate request for medial branch blocks to the same levels L3 - L4 and L4 - L5 is not medically necessary. Based on the clinical information medical record, the peer-reviewed evidence-based guidelines and prior certification for the medial branch blocks, #1 medial branch block and bilateral L3 - L4 and L4 - L5 is not medically necessary.

Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP and 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the

patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are degenerative disc disease lumbar spine with worsening radiculopathy; worsening mechanical low back complaints; lumbar facet hypertrophy; and persistent bilateral knee complaints. According to the utilization, review dated July 25, 2014, Hydrocodone/APAP 10/325 mg #90 was certified on review number #1090450 to the same request on July 9, 2014. A subsequent/duplicate request for Hydrocodone/APAP 10/325 mg #90 is not medically necessary. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and prior certification for the Hydrocodone/APAP 10/325 mg #90, Hydrocodone/APAP and 10/325mg #90 is not medically necessary.