

Case Number:	CM14-0195601		
Date Assigned:	12/03/2014	Date of Injury:	07/27/2005
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine: 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 55 year old female with an injury date of 07/27/05. Based on the 10/09/14 progress report provided by treating physician, the patient complains of bilateral low back pain rated 9/10 that radiates laterally around her hip joint and down the front of her leg into her right groin region, and occasional numbness and tingling to bilateral lower extremities; as well as neck and shoulder pain. Patient is status post fusion L4 to S1, date unspecified. Physical examination to the lumbar spine revealed mild to moderate hypertonic paraspinal musculature, and pain to palpation at bilateral L2-3 and L3-4 facet joints. Range of motion was decreased, especially on extension 10 degrees. Negative straight leg raise and intact sensation to light touch. EMG of the lower extremities on 03/25/13 done due to worsening numbness and tingling with worsening of radicular complaints was negative for radiculopathy. Per treater report dated 10/09/14, the patient "had fairly good results on the left side from the radiofrequency ablation procedure performed on 06/12/12 that denervated bilateral L3-4 facet joints. The patient is fused from L4 to S1... AME report notes that the patient is having problems coming from her L2-3 facet joints. Therefore I was planning on ordering a trial of medial branch blocks at bilateral L2-3 and L3-4 facet joints." Per progress report dated 10/09/14, treater indicates patient "was using MS Contin, Cymbalta and the Lidoderm patches. Her primary care doctor needs to be contacted regarding her taking any medications with her new Cirrhosis diagnosis. She is going to see a Hematologist. I would like to start her on Nucynta". The patient had a full course of Acupuncture, but only had some mild temporary benefits. Patient uses a TENS regularly. Patient's medications include Amlodipine Besylate, Niaspan, Simvastatin, Pantoprazole acid, Lidoderm patch, Cymbalta, Wellbutrin and Xanax. The patient's diagnosis on 10/09/14 was

Lumbosacral Spondylosis without Myelopathy. The utilization review determination being challenged is dated 11/07/14. Treatment reports were provided from 05/20/13 to 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-L3 and L3-L4 Facet Joints Medical Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The patient presents with bilateral low back pain rated 9/10 that radiates laterally around her hip joint and down the front of her leg into her right groin region, and occasional numbness and tingling to bilateral lower extremities; as well as neck and shoulder pain. The request is for Bilateral L2-L3 AND L3-L4 Facet Joints Medical Branch Block. Patient is status post fusion L4 to S1, date unspecified. Patient's diagnosis on 10/09/14 was lumbosacral spondylosis without myelopathy. Patient had a full course of acupuncture, but only had some mild temporary benefits. Patient uses a TENS regularly. Patient's medications include Amlodipine Besylate, Niaspan, Simvastatin, Pantoprazole acid, Lidoderm patch, Cymbalta, Wellbutrin and Xanax. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Per treater report dated 10/09/14, the patient "Had fairly good results on the left side from the radiofrequency ablation procedure performed on 06/12/12 that denervated bilateral L3-4 facet joints. The patient is fused from L4 to S1. AME report notes that the patient is having problems coming from her L2-3 facet joints. Therefore I was planning on ordering a trial of medial branch blocks at bilateral L2-3 and L3-4 facet joints." In this case, the patient presents with radicular symptoms in which situation facet evaluations are not supported by ODG. Furthermore, the request is for Bilateral L2-3, 3-4 Branch Block and the patient previously had RF ablation at L3-4. DMB blocks are L3-4 would not be indicated. The requested Bilateral L2-L3 and L3-L4 Facet Joints Medical Branch Block are not medically necessary.

Nucynta 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for a therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with bilateral low back pain rated 9/10 that radiates laterally around her hip joint and down the front of her leg into her right groin region, and occasional numbness and tingling to bilateral lower extremities; as well as neck and shoulder pain. The request is for Nucynta 50MG. Patient is status post fusion L4 to S1, date unspecified. Patient's diagnosis on 10/09/14 was lumbosacral spondylosis without myelopathy. Patient had a full course of acupuncture, but only had some mild temporary benefits. Patient uses a TENS regularly. Patient's medications include Amlodipine Besylate, Niaspan, Simvastatin, Pantoprazole acid, Lidoderm patch, Cymbalta, Wellbutrin and Xanax. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Per progress report dated 10/09/14, treater states patient "was using MS Contin, Cymbalta and the Lidoderm patches. Dr. G is her primary care doctor and he needs to be contacted regarding her taking any medications with her new cirrhosis diagnosis. She is going to see a hematologist. I would like to start her on Nucynta." It appears as though the patient has not yet taken this medication, but is not clearly stated by the treater. MTUS does allow for different opiates based on patient's tolerance. Starting patient on Nucynta to determine its efficacy is reasonable. The request for Nucynta 50mg is medically necessary.