

Case Number:	CM14-0197291		
Date Assigned:	12/05/2014	Date of Injury:	06/27/2002
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 New Jersey. 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 worker is a 52 year old male who was injured on 6/27/2002. He was diagnosed with lumbar strain, lumbar segmental dysfunction, and lumbar neuritis. He was treated with surgery (lumbar, no date or exact surgery location provided), and was also treated with medications, including tramadol, which he used chronically leading up to this request. On 5/7/2014, the worker reported his low back pain was rated 3/10 on the pain scale. Later, he reported a pain level of 4/10 on the pain scale (8/27/2014). He again was seen by his treating physician reporting chronic low back pain rated 4/10 on the pain scale brought on with activities and helped by his medications (Ultram, FexMed, Naprosyn, Protonix, Doral), allowing him to be able to do more activities such as bending, stooping, and lifting. His physical examination findings included decreased range of motion of the lumbar spine secondary to pain, positive tenderness of the lumbar area with muscle spasm, and normal sensation of all extremities. He was then recommended medial branch blocks below his disc replacement after a new lumbar MRI due to him not having had one in an extended period of time. He was also recommended to continue his pain medications as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker there was insufficient evidence to show that this full review was completed at the time of this request for continuation of the tramadol. There was a brief report of his collective medication use improving his physical abilities; however, no report was on what part of this was due to the Tramadol use. Therefore, without more clear evidence of functional benefit with chronic use, the Tramadol will be considered medically unnecessary.

Lumbar medial branch blocks: 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 Official Disability Guidelines (ODG), Low Back, facet joint pain/injections

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising exam are all requirements of the diagnosis. If evidence of hypertrophy encroaching on the neural foramen is present then only two out of the four requirements above may allow for an accurate diagnosis of facet joint pain. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (Lidocaine), 2. Limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, and 11. Diagnostic blocks should not be performed in patients that had a

fusion at the level of the planned injection. In the case of this worker who was recommended a lumbar medial branch block injection, there was not clear enough evidence provided in the most recent progress note to suggest a clear diagnosis of facet joint pain. The physical examination included tenderness of the lumbar area, but no mention of facet joints was included in the findings. Otherwise, the worker seemed to be a candidate for consideration of this diagnostic injection. The medial branch block will be considered medically unnecessary.

Repeat Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case had already had a lumbar MRI (date and report not provided), however, there was no evidence found in the prior few notes before this request suggesting any significant change in reported symptoms and pain level and no evidence from physical examination suggesting any significant change which might have warranted a repeat MRI. Therefore, the repeat MRI of the lumbar spine seems to be medically unnecessary and is not likely to add significantly to the treatment plan.

Cyclobenzaprine 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he had been using Cyclobenzaprine chronically, which is not a recommended use for this medication type. There was some evidence of muscle spasm in his lumbar area, however, there was no indication that this was above and beyond his usual chronic presentation. Therefore, neither long-term use nor even short-term use of Cyclobenzaprine would be medically necessary in this case.