

Case Number:	CM14-0203972		
Date Assigned:	12/24/2014	Date of Injury:	02/08/2001
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

11/11/14 PR-2 notes back pain and right lateral thigh pain. The insured is taking 4-5 tablets of oxycodone during a pain flare compared to 3/day normally. The pain is rated 6-7/10 with stabbing and pins and needles in the right thigh. The insured is taking senna for constipation. Examination notes previous MBB on right L4-5 and L5-S1 on 3/15/13. Examination notes tenderness to palpation at right lumbar paraspinals and spasm. There is positive facet challenge in the right lumbar spine at L4-5 and L5-S1. There is increased flexion, severely decreased extension and pain with extension. The insured is monitored with CURES program and has periodic UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat (R) Medial Branch Block L4-5, L5-S1 Facet Joints: Overturned

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

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 joints.

Decision rationale: The medical records provided for review do indicate physical exam findings consistent with positive facet provocative testing and the records do not delineate specific treatments performed to date and failure of conservative treatment to address the pain. ODG guidelines support facet MBB blocks for patients with demonstrated facet mediated pain as demonstrated by physical exam findings and demonstrated failure of at least 6 weeks of conservative care. As such the medical records provided for review do support MBB blocks for the insured.

Right Rhizotomy L4-5, L5-S1: Upheld

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

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.

Decision rationale: The medical records provided for review do indicate physical exam findings consistent with positive facet provocative testing and the records do not delineate specific treatments performed to date and failure of conservative treatment to address the pain. Official Disability Guidelines (ODG) guidelines support facet RFA blocks for patients with demonstrated facet mediated pain as demonstrated by physical exam findings and demonstrated failure of at least 6 weeks of conservative care and who have had demonstrated positive response to diagnostic facet blocks. As such the medical records provided for review do not support RFA at this time for the insured.

Oxycodone 5 MG #90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped functionally by continued use of opioid. The medical records do indicate or document formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. Official Disability Guidelines (ODG) supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning,

and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do document such ongoing monitoring; the medical records do support the continued use of opioids such as Norco.

Celebrex 200 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and does document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. Moreover, the medical records do not reflect a condition of intolerance due to GI side effects or h/o GERD, or ulcers and as such does not support the use of selective COX2 inhibitor of Celebrex for the insured.

Senna-S #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -pain, opioid induced constipation.

Decision rationale: ODG guidelines support use of medication such as Senna for Opioid induced constipation. The medical records indicate opioid induced constipation in relation to Norco use. As such the medical records support use of Senna for the insured.