

Case Number:	CM14-0205668		
Date Assigned:	12/17/2014	Date of Injury:	04/20/2008
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 20, 2008. In a Utilization Review Report dated December 3, 2014, the claims administrator partially approved a request for Percocet, apparently for weaning purposes, and denied medial branch blocks. The claims administrator referenced a November 19, 2014 progress note in which the applicant was described as having ongoing complaints of low back pain with associated lower extremity paresthesias. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant reported 7/10 low back pain with associated radiation of pain to the right leg and dysesthesias about the bilateral feet. The applicant had had extensive unspecified amounts of physical therapy, manipulative therapy, massage therapy, and acupuncture, which the attending provider acknowledged provided only incomplete and/or fleeting relief. Decreased range of motion was noted on exam. Multiple medications were renewed, including Percocet, Advil, sucralfate, baclofen, Neurontin, and Flexeril. Medial branch blocks were sought followed by planned radiofrequency ablation procedures. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. An overall level of pain with 7/10 was noted in at least one section of the note. There was little to no discussion of medication efficacy. On October 24, 2014, the applicant reported persistent complaints of pain, 3/10. In-office urine drug testing was apparently negative for opioids. Several topical compounded medications, Percocet, Advil, sucralfate, baclofen, Neurontin, and Flexeril were prescribed. Once again, the applicant's work status was not detailed. The attending provider likewise did not incorporate much discussion of medication efficacy into his progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #30 -: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly outlined on several progress notes, referenced above, interspersed throughout late 2014, suggested that the applicant was not, in fact, working. The applicant reported pain complaints as high as 7/10 on a November 19, 2014 progress note, likewise referenced above. The attending provider, on multiple office visits, referenced above, simply renewed the applicant's various medications, including Percocet, without any explicit discussion of medication efficacy. The attending provider did not outline what (if any) activities of daily living had specifically been ameliorated as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

1 Bilateral Medial Branch Block Under Fluoroscopic Guidance, L3, L4, L5, S1, Followed By Radiofrequency Ablation Under Fluoroscopic Guidance: 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 (Lumbar & Thoracic) (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, of which the medial branch block at issue is a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does qualify its overall unfavorable position on facet joint injections by establishing a limited role for diagnostic medial blocks, in this case, however, the applicant's pain complaints do not appear to be facetogenic or diskogenic in nature. The applicant was consistently described as having ongoing complaints of low back pain radiating into the right leg, suggestive of an active lumbar radiculopathic process. Similarly, the applicant was using Neurontin, again presumably for active issues with lumbar radiculopathy. The request, thus, is not indicated both owing to (a) the unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.

