

Case Number:	CM14-0206860		
Date Assigned:	12/18/2014	Date of Injury:	08/08/1997
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 patient was injured on 08/08/97; the exact mechanism of injury is not reported, however according to 6/10/14 clinic note she had been assaulted multiple times at work. She reportedly incurred injury to her neck, lower back and right shoulder. MRI of lumbar spine on 3/27/14 showed degenerative changes with multilevel stenosis and thecal sac compression. According to an orthopedic evaluation on 6/10/14, the patient reports 6/10 lower back pain that is radiating with tingling. Previous treatments have included massage, home exercise, TENS, physical therapy which reportedly did not help significantly. Epidural injections have reportedly helped with pain symptoms. On physical exam on 6/10/14 there is sacral tenderness and hypoesthesia at L3 distribution. Diagnosis include post laminectomy syndrome, lumbar spondylosis and spinal stenosis. Plan is EMG/NCS and continue with current medications. 07/16/14 clinical follow-up by pain management state that she is stable with her medications and has not had any side effects, urine drug tests are consistent and there is no concern of abuse or dependence with opioid management. Plan is refill of Fentanyl patch, oxycodone 15mg 6 times daily, mobic and Zoloft. On 9/23/14 she underwent an L2-3 epidural steroid injection for lumbar degenerative disc and failed back syndrome. The patient was evaluated by treating provider on 11/10/14 at which time she reported difficulty sleeping due to pain. N exam there is "slightly depressed affect". Diagnosis is failed neck surgery and back syndrome. Paraspinous muscle spasm. Treatment plan is to continue 75mcg Fentanyl patch, oxy-IR 15mg six times a day, amitiza 24mcg. As well facet joint injections at L2-3 and L3-4 are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.

Fentanyl 75mcg/hr patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of both long and short acting opioids such as Fentanyl patch and oxycodone IR. Improvement of VAS score has not been documented and there is no noted improvement in objective physical exam findings or functional capacity. According to the cited guidelines 100 mg of morphine equivalent dose is recommended as an upper limit. The total dose of Fentanyl patch is 180mg while total opioid dosage is 315mg, well above the recommended upper limit. This increases patient risk of side effect, over-dose, abuse, dependence and tolerance. Consequently continued use of Fentanyl patch at the prescribed dose is not supported by the medical records and guidelines as being medically appropriate.

Oxycodone (Oxy-IR) 15mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of both long and short acting opioids such as Fentanyl patch and oxycodone IR. Improvement of VAS score has not been documented and there is no noted improvement in objective physical exam findings or functional capacity. According to the cited guidelines 100 mg of morphine equivalent dose is recommended as an upper limit. The total dose of oxycodone IR 135mg while total opioid dosage is 315mg, well above the recommended upper limit. This increases patient risk of side effect, over-dose, abuse, dependence and tolerance. Consequently continued use of Oxycodone IR at the prescribed dose is not supported by the medical records and guidelines as being medically appropriate.

L2-L3 facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd edition, 2011 Low Back Disorders, pages 604, 607

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (20011) Lower back pain, page(s) 300, 309

Decision rationale: The utilization reviewer states that "therapeutic facet joint injections are not recommended for treatment of acute, subacute, or chronic low back or for any radicular syndrome". According to cited guidelines, "invasive techniques (facet-joint injections of cortisone and lidocaine) are of questionable merit... offers no significant long-term functional benefit, nor does it reduce the need for surgery. According to chart 12-8 from ACOEM OMPG facet injections are not recommended for chronic or acute back pain. Consequently the requested treatment is not supported by the guidelines as being medically necessary.

L3-L4 facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd edition, 2011 Low Back Disorders, pages 604, 607.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (20011) Lower back pain, page(s) 300, 309

Decision rationale: The utilization reviewer states that "therapeutic facet joint injections are not recommended for treatment of acute, subacute, or chronic low back or for any radicular syndrome". According to cited guidelines, "invasive techniques (facet-joint injections of cortisone and lidocaine) are of questionable merit... offers no significant long-term functional benefit, nor does it reduce the need for surgery. According to chart 12-8 from ACOEM OMPG facet injections are not recommended for chronic or acute back pain. Consequently the requested treatment is not supported by the guidelines as being medically necessary.