

Case Number:	CM14-0217665		
Date Assigned:	01/07/2015	Date of Injury:	10/12/2009
Decision Date:	05/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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: Pennsylvania

Certification(s)/Specialty: Internal 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 injured worker is a 61 year old male who has reported neck, back, and upper extremity pain after an injury on 10/12/09. The diagnoses have included cervical disc bulging, right upper extremity radiculopathy; lumbosacral disc bulging, and status post right shoulder arthroscopy surgery. Treatment to date has included physical therapy, chiropractic, acupuncture, right shoulder surgery, and medications. An orthopedic qualified medical examination (QME) in 2014 recommended against any further orthopedic treatment. The treating pain management physician has been treating this injured worker since 2013, and has been recommending lumbar medial branch blocks since that time. The treating pain management physician reports in 2014 reflect ongoing neck and back pain, ongoing prescribing of the medications now under Independent Medical Review, the same physical findings on every report, and no discussion of function or work status. None of the recent urine drug screen results showed any evidence of tramadol, and these results were not discussed by the treating physician. On 11/19/14 the treating pain management physician noted that the injured worker had worsened neck and back pain. He was using pain creams only. He had upset stomach. The abdomen was non-tender and soft. There was tenderness of the low back with positive straight leg raising and facet loading. Tramadol, Zanaflex, omeprazole, Voltaren gel were refilled. Medial branch blocks were pending. There was no discussion of any results of using medications, work status, or function. On 12/17/14 the treating pain management physician noted no change in neck and low back pain. He had just received his medications. He had an upset stomach. The abdomen was non-tender and soft. There was tenderness of the low back with positive straight leg raising and facet loading. Medial

branch blocks were pending. There was no work status or discussion of function. On 12/15/14 Utilization Review non-certified lumbar medial branch blocks, tramadol, Zanaflex, and omeprazole. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet medial branch blocks at L3, L4, and L5 levels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: Per page 300 of the ACOEM Guidelines, lumbar facet neurotomies and differential medial branch blocks may be used for patients with low back pain. The Official Disability Guidelines recommend against facet joint injections, and provide equivocal support for medial branch blocks followed by radiofrequency ablation. The MTUS, Chronic Pain section, does not provide direction for facet blocks. The proper procedure for performing facet blocks/medial branch blocks is described in the Official Disability Guidelines. The treating physician has not provided a prescription which has enough detail to determine compliance with guidelines. Facet blocks are not medically necessary unless there is a prescription which is not only consistent with the guidelines, but which also provides enough detail to ensure that the procedure will be performed with sufficient compliance to the necessary protocol. The treating physician did not address function. As noted in the MTUS, all treatment for chronic pain should have as its goal functional improvement, not cure of pain. A treatment plan which does not describe specific plans for functional improvement is not adequate for treatment of chronic pain. One of the guideline criteria for facet blocks is the measurement of function pre and post procedure. Functional assessments are integral to the treatment of chronic pain and have not been a part of the treatment plan to date. The Official Disability Guidelines recommend no more than two facet joint levels be blocked at one session. The request is for three levels. Medial branch blocks are not medically necessary based on the cited guidelines, lack of a detailed prescription, and lack of a treatment plan focused on functional improvement.

Tramadol 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials. Tramadol.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific

functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. Urine drug screens are not random, as they occur at office visits. Although the urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. None of the drug tests show any tramadol. Opioids are not medically necessary when there is evidence that the drugs are not actually taken. There is no mention of function or work status, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Zanaflex 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Note that tizanidine, when indicated, can be hepatotoxic. There are no reports which show that LFTs are monitored. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. The abdomen examination was benign. The only gastrointestinal symptom mentioned was stomach upset. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with a non-steroidal anti-inflammatory agent (NSAID) is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. Proton pump inhibitors (PPIs) are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.