

Case Number:	CM15-0001744		
Date Assigned:	01/12/2015	Date of Injury:	08/28/1999
Decision Date:	03/13/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 57 year old male who sustained a work related injury to his lower back from a fall on August 28, 1999. The injured worker was diagnosed with lumbar degenerative disc disease and lumbar facet arthrosis. There were no surgical interventions documented. The patient continues to experience chronic low back pain with radiation to bilateral lower extremities. According to the primary treating physician's progress report on November 26, 2014, the lumbar spine was tender with tightness, decreased extension and flexion of 50% and positive straight leg raises. Bilateral hypoesthesia was noted at the feet. Past treatment modalities consist of rest, heat/cold, gentle exercises, stretching, pain medication, and medial branch blocks bilaterally. The most recent facet joint block was documented as administered on July 15, 2014. There was no documentation of patient response or benefit received from the injection. Current medications consist of Diazepam, Norco, Methadone, Ibuprofen, and Temazepam. The treating physician requested authorization for 1 Bilateral L5, Sacral Ala, S1 Medial Branch Facet Injections, 1 prescription of Methadone 10mg #30. On December 12, 2014 the Utilization Review denied certification for 1 Bilateral L5, Sacral Ala, and S1 Medial Branch Facet Injections and modified the prescription of Methadone 10mg #30 to of Methadone 10mg #10. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, regarding opioids for chronic pain, Methadone, and Medial Branch Blocks and the American College of Occupational and Environmental Medicine (ACOEM) regarding Low Back Complaints, Facet Joint Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with low back pain. The current request is for 1 prescription of Methadone 10mg #30. The treating physician states, "Chronic pain medication maintenance regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning." MTUS page 93 recommends Methadone for the treatment of moderate to severe pain. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 78 also requires documentation of the four A's(analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case, the patient's pain levels were documented at the visit. However there is no documentation provided for the four A's. The MTUS guidelines are very specific about documentation of before and after pain scales, functional improvement and side effects when prescribing chronic opioid usage. Without the proper documentation the current request does not meet the MTUS requirements. The current request is not medically necessary and the recommendation is for denial and slow weaning.

1 Bilateral L5, Sacral Ala, S1 Medial Branch Facet Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint diagnostic blocks (injections) Low back chapter

Decision rationale: The patient presents with low back pain. The current request is for 1 Bilateral L5, Sacral Ala, S1 Medial Branch Facet Injection. The treating physician documents that the patient received bilateral L5-S1 medial branch facet blocks on 7/15/14 that provided 70% relief for 4 months. The MTUS guidelines do not address facet injections. The ODG guidelines state specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular

findings, normal straight leg raising. In this case, the patient does have tenderness to the lumbosacral region. However, the physician has documented positive straight leg raise bilaterally and hypoesthesia affecting the feet. The current request does not meet the ODG guideline criteria for medial branch facet injection and the request is not medically necessary and the recommendation is for denial.