

Case Number:	CM15-0103450		
Date Assigned:	06/05/2015	Date of Injury:	08/27/2002
Decision Date:	07/13/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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

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 injured worker is a 53 year old male, who sustained an industrial injury on 08/27/2002. He has reported subsequent low back pain and was diagnosed with chronic low back pain, lumbar facet pain syndrome and L4-L5 disc herniation status post laser discectomy. Treatment to date has included oral and injectable pain medication and surgery. In a progress note dated 03/27/2015, the injured worker complained of significant aggravation of low back pain associated with spasm. Objective findings were notable for muscle tightness in the left low back and difficulty with sensory test due to pain. A request for authorization of medial branch blocks at bilateral L3-L4 (quantity of 2), medial branch blocks at bilateral L4-L5 (quantity of 2), Norco, Quazepam and Phentermine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks at bilateral L3-4 qty: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007 or current year.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Not recommended except as a diagnostic tool. Minimal evidence for treatment. Medial branch blocks at bilateral L3-4 qty: 2 is not medically necessary.

Medial branch blocks at bilateral L4-5 qty: 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007 or current year.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Not recommended except as a diagnostic tool. Minimal evidence for treatment. Medial branch blocks at bilateral L4-5 qty: 2 is not medically necessary.

Norco 10/325mg 2 tablets 4 times per day #240 (rx 03/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg 2 tablets 4 times per day #240 (rx 03/27/15) is not medically necessary.

Quazepam 15mg at bedtime for insomnia #30 (rx 03/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, benzodiazepines are not recommended as first-line medications by ODG. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. The patient has been taking blank for much longer than the 4 weeks suggested by the MTUS. Quazepam 15mg at bedtime for insomnia #30 (rx 03/27/15) is not medically necessary.

Phentermine 37.5 mg daily#30 with 5 refills #150 (rx 03/27/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007 or current year.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Page(s): 3.

Decision rationale: Phentermine hydrochloride tablets are indicated only as short-term (a few weeks) monotherapy for the management of exogenous obesity. The MTUS and Official Disability Guidelines are silent in regard to phentermine. The MTUS states that the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with scientific and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). The drug is not used for any work-related condition; accordingly, it is not listed in the Guidelines. In addition, the medical record fails to document the rationale for prescribing the medication or how the medication relates to the injury. Phentermine 37.5 mg daily#30 with 5 refills #150 (rx 03/27/15) is not medically necessary.