

Case Number:	CM15-0019202		
Date Assigned:	02/09/2015	Date of Injury:	06/15/2010
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72-year-old male who reported an injury on 06/15/2010. The mechanism of injury was cumulative trauma. The documentation of 01/08/2015 revealed the injured worker had complaints of severe spine pain in the left lower lumbar region with radiation to the hip. The injured worker was noted to get occasional shooting pain into the left lower extremity. The pain was noted to be axial nature and much worse with extension or facet loading. The injured worker underwent a right knee total knee arthroplasty in 2012. The injured worker had constant right knee pain. The medications included Duragesic patch 75 mcg every 2 days, Prilosec 20 mg twice a day, Doral 15 mg at bedtime, and Anaprox DS 550 mg twice a day. The physical examination revealed trigger points that were palpable and tender throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion with obvious muscle guarding on the left. There was notable increased pain with extension especially with ipsilateral bending to the left and extension to be measured at 5 degrees. The injured worker had decreased lumbar spine range of motion. The reflexes were 2/4 bilaterally. The motor strength was 5/5. The straight leg raise in modified sitting position was positive bilaterally at about 60 degrees with axial back pain. The sensory examination with Wartenberg pinprick wheel was nonfocal and symmetrical. The diagnostic studies included a lumbar spine MRI on 07/10/2013. Diagnoses included lumbar degenerative disc disease with moderate to severe bilateral foraminal narrowing and facet arthropathy, status post right knee arthroplasty, and medication induced gastritis. The injured worker was noted to have several months of physiotherapy over the past 2 years and continued to do self directed physiotherapy 3 to 4 days per week. Lumbar facet joint

injections had been recommended. The injured worker had debilitating pain mostly in the axial left low back region consistent with facet joint syndrome and had pain worsened with extensional facet loading that correlated with his MRI. The documentation indicated there was a request for Doral to assist the injured worker in a restful night's sleep and to allow him better function during the day especially while decreasing the narcotic dose. The documentation indicated the injured worker would make an attempt to stop taking Duragesic 75 mcg. The treatment plan included a facet medial branch block at L3, L4, and L5. The documentation indicated the injured worker had pain of at least 3 months in duration, somatic and axial in nature, and for the most part nonradicular. Additionally, the injured worker was noted to have less myofascial pain in the left posterior lumbar musculature which was nonresponsive to stretching exercises, physical therapy, NSAIDs, or muscle relaxants. The injured worker had palpable trigger points with a discrete focal tenderness in the palpable taut band of the skeletal muscle producing a local twitch in response to stimulus to the band. The documentation indicated the injections were occasionally necessary to maintain function and help decrease medication. The medications were refilled including Anaprox 550 mg 1 by mouth twice a day #60, Prilosec 20 mg by mouth twice a day #60, and Doral 15 mg at bedtime. The injured worker was noted to have difficulty without a sleeping aid. The injured worker was given a prescription for Duragesic 50 mcg, which was a 33% decrease and the injured worker would be covered with an as needed Norco 10/325 mg as needed #120. There was a Request for Authorization submitted for the requested medications dated 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet medial branch nerve blocks (L) L3, L4, L5 (with minimal IV sedation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online, 4th Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections), Facet Joint Pain, Signs & Symptoms).

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home

exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered 'under study'). The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation in the paravertebral area, a normal sensory examination, and the absence of radicular findings, and a normal straight leg raise exam. There was a documentation of a failure of conservative care. However, there was a lack of documentation indicating a necessity for the use of IV sedation. Given the above, the request for facet medial branch nerve blocks (L) L3, L4, L5 (with minimal IV sedation) is not medically necessary.

Duragesic 50mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl and Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker had documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication and the body part to be treated. Given the above, the request for Duragesic 50mcg #15 is not medically necessary.

Retrospective: Trigger point injections x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing

stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review failed to indicate the injured worker had greater than 50% pain relief obtained for 6 weeks, and there was a lack of documented evidence of functional improvement. There was a lack of documentation indicating when the prior injection was performed. The documentation indicated that the injured worker occasionally needed injections to maintain function and help decrease medication use. Additionally, if this was the initial injection, there was a lack of documentation indicating the injured worker had referred pain with the identification of circumscribed trigger points with evidence upon palpation of a twitch response. The request as submitted failed to indicate the date for the retrospective request. Additionally, the request as submitted failed to indicate the body part to be injected. Given the above, the request for retrospective trigger point injections x4 is not medically necessary.

Retrospective: Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. The request as submitted failed to indicate the date for the retrospective request, and the frequency for the requested medication. Given the above, the request for Retrospective: Prilosec 20mg #60 is not medically necessary.

Retrospective: Doral 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odgtwc.com/odgtwc/pain.htm>).

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

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. The clinical documentation submitted for review indicated the injured worker

had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the date for the retrospective request. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective: Doral 15mg #30 is not medically necessary.