

Case Number:	CM15-0141281		
Date Assigned:	08/20/2015	Date of Injury:	06/24/2006
Decision Date:	09/22/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on 6-24-2006. The mechanism of injury is injury from a fall. The current diagnoses are facet arthropathy, low back pain, chronic pain, sacroiliitis, degenerative lumbar disc disease, neck pain, shoulder joint pain, depression, anxiety, and insomnia. According to the progress report dated 6-26-2015, the injured worker complains of low back pain with radiation into her bilateral thighs and calves. The pain is described as ache, burning, deep, piercing, sharp, shooting, stabbing, and throbbing. On average, she rates her pain 7 out of 10 on a subjective pain scale. In addition, she rates her interference with activities of daily living as 9 out of 10. The physical examination of the lumbar spine reveals tenderness over the facet joints bilaterally with positive facet loading maneuvers. She reports moderate pain with range of motion. The current medications are Neurontin, Zoloft, Klonopin, Buprenorphine, and Ambien. She reports "pretty good" effects with the use of Buprenorphine. There is documentation of ongoing treatment with Buprenorphine since at least 5-26-2015. Treatment to date has included medication management and psychotherapy. Work status is described as permanent and stationary. A request for Buprenorphine and radiofrequency lumbosacral medial branch nerve block has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Buprenorphine 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27, 74-96.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended for treatment of opiate addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In addition, the guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the submitted medical records failed to provide ongoing monitoring of the 4A's, which include detailed pain levels (baseline, average, least, and worst). These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide "pretty good" effects, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. In addition, the work status is described as 'permanent and stationary', which implies a complete lack of functional improvement. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Buprenorphine is not medically necessary.

1 radiofrequency lumbosacral medial branch nerve block at L3, L4 and L5 bilaterally with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: 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, as there is minimal evidence for treatment. In addition, the CA ACOEM Guideline note that there is good quality

medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, the guidelines do not support the administration of radiofrequency nerve blocks due to lack of efficacy. Therefore, based on guidelines and submitted medical records, the request for radiofrequency lumbosacral medial branch nerve block is not medically necessary.