

Case Number:	CM15-0161861		
Date Assigned:	08/27/2015	Date of Injury:	04/25/2008
Decision Date:	10/14/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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: New York, California

Certification(s)/Specialty: Emergency 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 57 year old male, who sustained an industrial injury on April 25, 2008. He reported developing some feelings of numbness at the bottom of his left foot. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar myofascial strain, lumbago, lumbar spinal stenosis, and lumbar degenerative disc disease. Treatments and evaluations to date have included epidural steroid injection (ESI), physical therapy, MRIs, electrodiagnostic study, home exercise program (HEP), acupuncture, chiropractic treatments, and medication. Currently, the injured worker reports low back and lower extremity pain. The Primary Treating Physician's report dated June 23, 2015, noted the injured worker reported his pain was getting worse with time, feeling very frustrated with his symptoms. The injured worker was noted to have stabbing pain in his left hip region that radiates down the lateral aspect of his left leg, rating his low back pain as 8 out of 10. The injured worker reported the Tramadol dulled his pain but did not give him great relief. The injured worker's current medications were listed as Tramadol/APAP and Prilosec. The physical examination was noted to show hypertonicity in the bilateral L3-S1 paraspinals, tenderness to palpation in the paraspinals L4-S1 bilaterally, and limited lumbar extension and side bending bilaterally. Lumbar facet loading was noted to be positive on the left greater than right. The treatment plan was noted to include Tramadol, a prescription for Flector patches, Median Branch Blocks bilaterally L4-L5 and L5-S1 for lumbar facet arthropathy, and continued home exercise program (HEP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block L4-5 Qty: 1.00: 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), Low back chapter - Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint medial branch blocks (therapeutic injections), Facet joint pain, signs & symptoms, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines notes that invasive techniques including local injections and facet-joint injections of cortisone and lidocaine are of questionable merit for low back complaints, and although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Epidural injections for back pain without radiculopathy, trigger-point injections, ligamentous injections, and facet-joint injections are not recommended for managing low back complaints. The Official Disability Guidelines (ODG) notes that facet joint medial branch block is not recommended except as a diagnostic tool as there is minimal evidence for treatment. A comparative study on the effectiveness on injection therapies for low back pain concluded that facet joint corticosteroid injections are not effective for presumed facet joint pain. Facet joint pathology indications were suggested to include tenderness to palpation in the paravertebral areas over the facet region, predominate axial low back pain, and absence of radicular findings in a dermatomal distribution. Criteria for medial branch blocks includes no more than one therapeutic intra-articular block recommended, no evidence of radicular pain, spinal stenosis, or previous fusion, no more than two joint levels may be blocked at any one time, and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The documentation provided noted the injured worker with pain that radiated down the lateral aspect of his left thigh with symptoms in his left foot, and with the diagnosis of lumbar spinal stenosis. The injured worker's symptoms and diagnoses do not meet the criteria recommended for medial branch blocks. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for a bilateral medial branch block L4-5 Qty: 1.00. The request is not medically necessary.

Bilateral medial branch block L5-S1 Qty: 1.00: 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), Low back chapter - Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Physical Examination, Diagnostic Criteria, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint medial branch blocks (therapeutic injections), Facet joint pain, signs & symptoms, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines notes that invasive techniques including local injections and facet-joint injections of cortisone and lidocaine are of questionable merit for low back complaints, and although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Epidural injections for back pain without radiculopathy, trigger-point injections, ligamentous injections, and facet-joint injections are not recommended for managing low back complaints. The Official Disability Guidelines (ODG) notes that facet joint medial branch block is not recommended except as a diagnostic tool as there is minimal evidence for treatment. A comparative study on the effectiveness on injection therapies for low back pain concluded that facet joint corticosteroid injections are not effective for presumed facet joint pain. Facet joint pathology indications were suggested to include tenderness to palpation in the paravertebral areas over the facet region, predominate axial low back pain, and absence of radicular findings in a dermatomal distribution. Criteria for medial branch blocks includes no more than one therapeutic intra-articular block recommended, no evidence of radicular pain, spinal stenosis, or previous fusion, no more than two joint levels may be blocked at any one time, and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The documentation provided noted the injured worker with pain that radiated down the lateral aspect of his left thigh with symptoms in his left foot, and with the diagnosis of lumbar spinal stenosis. The injured worker's symptoms and diagnosis do not meet the criteria recommended for medial branch blocks. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for a bilateral medial branch block L5-S1 Qty: 1.00. The request is not medically necessary.

Tramadol 37.5/325mg Qty: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction

in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker was noted to have been prescribed Tramadol since March 2015, without documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), quality of life work status, or dependency on continued medical care with use of the Tramadol. The injured worker reported the Tramadol dulled his pain without providing great relief. The documentation did not include a pain assessment that included the injured worker's the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Tramadol, how long it takes for pain relief, or how long the pain relief lasts. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Tramadol 37.5/325mg Qty: 240.00. The request is not medically necessary.

Flector patches Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Flector patch (Diclofenac epolamine).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The MTUS is silent on Flector patches. The Official Disability Guidelines (ODG) notes the Flector patch (Diclofenac epolamine) is not recommended as a first-line treatment. Topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with Diclofenac, including topical formulations. "Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing

Diclofenac. Post-marketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration.” These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector patch efficacy beyond two weeks. The documentation provided did not identify the injured worker with osteoarthritis, or an acute strain, sprain, or contusion. The physician prescribed the Flector patch with one refill, without the initial response or therapeutic outcome established. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Flector patches Qty: 60.00. The request is not medically necessary.