MAXIMUS Federal Services

Case Number:	CM15-0167744		
Date Assigned:	09/08/2015	Date of Injury:	06/30/2014
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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 28 year old male, who sustained an industrial injury on 6-30-14. The injured worker was diagnosed as having chronic lumbago and L5-S1 minimal disc bulge. Treatment to date has included oral medications including Naprosyn (which he states does not work) and Norco 10-325mg (currently using 3 per day). (MRI) magnetic resonance imaging of lumbar spine performed on 6-30-15 revealed L5-S1 minimal disc bulge. On 6-3-15, the injured worker presented for follow up of back pain and noted recent increased symptoms with pain rated 9 out of 10. Currently on 7-22-15, the injured worker complains of bilateral leg pain and low back pain. Work status is noted to be modified with restrictions. A urine drug screen was not submitted for review. Physical exam performed on 6-3-15 revealed a bilaterally equal gait which was guarded and tenderness over the lower lumbar spine with range of motion under 10 degrees in all directions and on 7-22-15 revealed tenderness and tightness across the lumbo-sacral area with 90% restriction of extension and 50% restriction of flexion and a normal gait. A request for authorization was submitted on 7-22-15 for bilateral L4-5 and L5-S1 medial branch facet injections, Norco 10-325mg #90, Flexeril 10mg #90, Klonopin 0.5mg #30 and Ibuprofen 800mg #90. The original Utilization review dated August 13-15 denied requests for L4-5 and L5-S1 medial branch facet injections, denied Norco 10-325mg and Klonopin 0.5mg and modified Flexeril 10mg noting muscle relaxants are not supported for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Medial Branch Facet Injection #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. L4 L5 Medial Branch Facet Injection #1 is not medically necessary.

L5-S1 Medial Branch Facet Injection #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. L5-S1 Medial Branch Facet Injection #1 is not medically necessary.

Norco 10/325mg # 90: Overturned

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.

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. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. Norco 10/325mg #90 is medically necessary.

Klonopin 0.5 MG #30: 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): Benzodiazepines.

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. Klonopin 0.5 MG #30 is not medically necessary.

Flexeril 10mg #90: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Flexeril 10mg #90 is not medically necessary.