

Case Number:	CM15-0168882		
Date Assigned:	09/09/2015	Date of Injury:	08/28/1996
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 58 year old male, who sustained an industrial injury on 8-28-1996. He reported low back pain from moving a heavy object. The injured worker was diagnosed as having chronic pain syndrome, lumbago, other pain disorder related to psychological factors, post-laminectomy syndrome of lumbar region, lumbar or lumbosacral disc degeneration. On 7-8-2015, he reported back pain that is described as achiness that is noted to come from prolonged standing or sitting. He is reported to have the sensation of his legs giving way. He has reported no falls, and no issues with bladder or bowel incontinence. He rated his current pain a 5 out of 10 on a visual analogue scale. He reported walking and stretching as tolerated and feeling that his overall functional status has improved since having had surgery one year prior. His current medications are Percocet, Wellbutrin, Chromium picolinate, coenzyme Q10, Diclofenac, Glucosamine chondroitin, Lisinopril, Magnesium oxide, Niacin, and Oxycodone-acetaminophen, and Flexeril. On 8-6-2015, he reported low back pain. He rated his pain 5 out of 10. He is reported to be status post-surgery completed one year prior. He is noted to have pain with palpation over all facets from T12 throughout the lumbar spine. No aberrant behaviors are noted with medications, and he is noted to be stable functionally. CT scan and x-rays were completed on unknown date. The treatments to date have included: physical therapy and a home exercise program completed in the last 14 months with some noted improvement. He is continued on the home exercise program. He is noted to take Diclofenac prescribed by another physician and has had no radicular pain. Current medications are: Clonidine, Percocet, Cyclobenzaprine, and Bupropion, Lisinopril, Venlafaxine, and Diclofenac. He was given an intramuscular injection of Toradol in the office on this date. He is noted to also receive treatment with TENS unit and mental health therapy. Flexeril is noted to be more effective than Baclofen. His current

medications are noted to help improve functionality by allowing activities of daily living. The request for authorization is for: right medial branch block L1 and L2; and Cyclobenzaprine 10mg. The UR dated August 18, 2015, provided non-certification of right medial branch block L1 and L2 and Cyclobenzaprine 10mg quantity #60; and certified Percocet 10-325mg quantity #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Medial Branch Block L1 and L2, QTY: 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. 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. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation and the request is not medically necessary.

Cyclobenzaprine 10mg, QTY: 60: 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): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004). This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.