

Case Number:	CM15-0186399		
Date Assigned:	09/28/2015	Date of Injury:	10/19/2003
Decision Date:	11/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 10-19-2003. Medical records indicate that the injured worker is undergoing treatment for bilateral facet arthropathy of the lumbar four-five and lumbar five-sacral one facet joints, lumbar spondylosis without myelopathy, lumbar myofascial pain and mechanical low back pain. The injured workers current work status was not identified. On (8-24-15) the injured worker complained of ongoing low back pain which has remained the same with no new symptoms. The low back pain was described as stabbing and radiated across the low back. The injured worker also noted left thigh pain that radiated down to the foot, intermittent knee and heel pain in the right lower extremity and weakness and numbness in the left ankle. Also noted was bilateral upper extremity numbness and stabbing pain on the left side of the upper back which radiated to the chest. The pain was rated 5-6 out of 10 on the visual analogue scale. Physical examination revealed tenderness to palpation over the right sacroiliac joint and bilateral lumbar facet joints of lumbar four-sacral one. Facet joint loading of the lumbar spine was positive bilaterally. A FABER (flexion, abduction and external rotation) sign was positive bilaterally. Lumbar spine range of motion was decreased and painful. Sensation was decreased in the left lumbar-five dermatome. Subsequent progress reports (7-28-15, 6-29-15 and 4-27-15) indicate that the injured workers pain levels were consistent at 6-8 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, lumbar MRI, acupuncture treatments (8), physical therapy (6) and chiropractic treatments (6). The lumbar spine MRI (4-1-15), revealed mild degenerative disc disease and retrolisthesis of lumbar five-sacral one with small protrusions without canal stenosis or foraminal narrowing. Current medications include Gabapentin, Norco (since at least March of 2015) and Colace (since at least March of 2015). The Norco was noted

to help relieve the injured workers pain for four hours. The current medication regime was noted to allow the injured worker to sleep better and be more active. The request for authorization dated 8-24-15 include requests for bilateral lumbar facet injections at lumbar four-five and lumbar five-sacral one, Norco 10-325 mg #120 and Colace 100 mg #60. The Utilization Review documentation dated 9-16-15 non-certified the requests for bilateral lumbar facet injections at lumbar four-five and lumbar five-sacral one, Norco 10-325 mg # 120 and Colace 100 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L4-5 and L5-S1 lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. 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: Per Guidelines, medial branch/facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints and clinical findings of decreased dermatomal sensation at L5 with MRI findings of mild degenerative disc disease with disc protrusion at L5-S1. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently (L4, L5, S1), or at previous surgical fusion sites as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The 1 bilateral L4-5 and L5-S1 lumbar facet injection is not medically necessary and appropriate.

Norco 10/325mg #120: 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, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents

show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2003 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #120 is not medically necessary and appropriate.

Colace 100mg #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): Medications for chronic pain.

Decision rationale: Colace is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Docusate Sodium (Colace) may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication as chronic opioid use is not supported. The Colace 100mg #60 is not medically necessary and appropriate.