

Case Number:	CM15-0192705		
Date Assigned:	10/06/2015	Date of Injury:	07/16/2013
Decision Date:	12/14/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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

Certification(s)/Specialty: Internal 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 36 year old male who sustained an industrial injury on 7-16-2013. A review of medical records indicates the injured worker is being treated for lumbar facet arthropathy and lumbar sprain and strain. Medical records dated 9-4-2015 noted pain was unchanged. His pain was in the back. Pain was rated a 6 out of 10. Lifting and exercise aggravate the pain. He is currently on ibuprofen and Flexeril. Physical examination noted decreased range of motion to the lumbar spine. There was tenderness in the lumbar paraspinal muscles. Treatment has included chiropractic care 12 visits, massage, 12 visits of physical therapy, and 6 sessions of acupuncture. He also had a medical branch block on 12-19-2013. Utilization review form dated 9-18-2015 modified Amitriptyline, non-certified Diclofenac, medical branch blocks bilateral L3-4, L4-5, and surgical evaluation x 1 lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Amitriptyline 10mg quantity 30 with two refills DOS 9-4-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Antidepressants for chronic pain, Tricyclics.

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

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs) as first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. Documentation fails to show improvement in the injured worker's pain or level of function to establish the medical necessity for ongoing use of Amitriptyline. The request for ongoing use of Amitriptyline is not medically necessary per MTUS guidelines.

Retrospective Diclofenac 100mg quantity 30 with two refills DOS 9-4-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker complains of chronic low back pain without evidence of significant objective improvement in pain on current medication regimen, which includes Ibuprofen. The recommendation to switch to a longer acting NSAID is reasonable. However, MTUS does not recommend Diclofenac as first line due to increased risk profile. With MTUS guidelines not being met, the request for Retrospective Diclofenac 100mg quantity 30 with two refills DOS 9-4-15 is not medically necessary.

Medial Branch blocks bilateral L3-L4, L4-L5 One time: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic, Facet Joint Injections.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: Facet blocks are recommended in patients with low-back pain that is non-radicular, at no more than two levels bilaterally, if there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Clinical presentation should be consistent with facet joint pain, signs & symptoms. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. MTUS recommends no more than one set of medial branch diagnostic blocks with a response of 70% prior to facet neurotomy, if neurotomy is chosen as an option for treatment. No more than 2 facet joint levels are injected in one session. The injured worker complains of chronic low back pain. Documentation reviewed fails to show prolonged significant objective improvement in pain and function with previous Medial Branch block to support the recommendation for repeat procedure. The request for Medial Branch blocks bilateral L3-L4, L4-L5 one time is not medically necessary by MTUS.

Surgical Evaluation x1 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 5, Page 92.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92 MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker is undergoing active treatment for chronic low back pain. Physician report fails to show red flags on clinical exam and there is lack of evidence that maximum medical therapy has been reached. The request for Surgical Evaluation x1 for the lumbar spine is not medically necessary.