

Case Number:	CM15-0195846		
Date Assigned:	10/09/2015	Date of Injury:	04/28/2010
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 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(n) 69 year old female, who sustained an industrial injury on 4-28-10. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbago and lumbar radiculitis. Medical records (3-26-15 through 8-6-15) indicated "moderate-severe" low back pain that radiates to the legs. The physical exam (3-26-15 through 8-6-15) revealed tenderness to palpation in the paraspinal musculature and "limited" range of motion in all planes. There is no documentation of current pain level or pain levels with and without medications. As of the PR2 dated 9-3-15, the injured worker reports "moderate-severe" low back pain that radiates to the legs. Some of this note was difficult to decipher. Objective findings include tenderness to palpation in the paraspinal musculature and "limited" range of motion in all planes. Current medications include Amrix, Lidoderm patch, Lyrica, Nucynta (since at least 2-17-15), OxyContin ER, Voltaren gel, Zanaflex and Methadone (since at least 8-6-15). Treatment to date has included a lumbar MRI on 3-6-14 showing disc bulges at L2-L3, L3-L4 and L5-S1, a lumbar facet injection in 7-2012 (level and results not provided), a lumbar epidural injection in 5-2011 with "good" pain relief for 3 months (level not provided), acupuncture and physical therapy (number of sessions not provided), Ultram and Cymbalta. The treating physician requested a lumbar facet injection under fluoroscopy, Methadone 5mg #90 and Nucynta 100mg #90. The Utilization Review dated 9-18-15, non-certified the request for a lumbar facet injection under fluoroscopy, Methadone 5mg #90 and Nucynta 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection under fluoroscopy, quantity: 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 Chapter (updated 07/17/15) Facet Joint Intra-articular Injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

Decision rationale: According to the guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant received facet blocks 1 year ago and several months ago. VAS scores and length of pain relief were not provided. Current VAS scores were not provided. The claimant was also provided an ESI in the past which implies radiculopathy. Facet blocks are not indicated for radiculopathy. The request for facet blocks is not medically necessary.

Methadone 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-

approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant is on numerous opioids for over a year. VAS pain scores were not consistently noted. As a result, continued and long-term use of Methadone is not medically necessary.

Nucynta 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nucynta and pg 126.

Decision rationale: According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with Oxycodone. In this case, there was no mention of weaning or trial of alternate non-opioids. The claimant was on other opioids without mention of GI intolerability. In addition, pain scores reductions were not noted to justify the Nucynta. Nucynta is not medically necessary.