

Case Number:	CM15-0201058		
Date Assigned:	10/16/2015	Date of Injury:	03/12/2007
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/13/2015

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 45 year old female, who sustained an industrial injury on 3-12-07. The injured worker was diagnosed as having neck pain and sciatica. Subjective findings (7-27-15) indicated pain in the lower back. There is no documentation of current pain or pain levels with and without medications. Objective findings (7-27-15) revealed decreased sensation in the lower thigh, knees and medial legs and tenderness in the cervical and lumbar spine. As of the PR2 dated 8-27-15, the injured worker reports pain in her lower back and neck. Objective findings include decreased sensation in the lower thigh, knees and medial legs and tenderness in the cervical and lumbar spine. Current medications include Ambien, Cyclobenzaprine, Meloxicam, Neurontin, Norco (since at least 7-22-15), Tramadol, Xanax and MS Contin (started on 7-27-15). Treatment to date has included physical therapy in 2013 (number of sessions not provided) and a lumbar MRI on 8-13-15 showing facet arthropathy in L2-L3, L3-L4, L4-L5 and L5-S1. The Utilization Review dated 9-11-15, non-certified the request for a lumbar facet medial branch block injection under fluoroscopic assistance bilaterally at L3-L4, L4-L5 and L5-S1 and MS Contin 1mg #60 x 3 refills and modified the request for Norco 10-325mg #60 x 3 refills to Norco 10-325mg #45 x 1 refill of #34.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar facet medial branch block injection under fluoroscopic assistance bilaterally at L3/4, L4/5, L5/S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 chapter and pg 36.

Decision rationale: According to the guidelines facet blocks are recommended for those with facet arthropathy and without fusion or radiculopathy. In this case, the claimant did meet the criteria. However, the injections are not routinely performed under fluoroscopy and no more than 2 levels are recommended at a time. As a result, the request for 3 levels of facet injections is not medically necessary.

60 Norco 10-325mg with 3 refills: 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 for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months along with other opioids without consistent documentation of VAS pain score reduction with use of medications. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

60 MS Contin 1mg with 3 refills: 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 for neuropathic pain, Oral morphine.

Decision rationale: According to the guidelines, oral Morphine is not indicated for chronic non-cancer pain. In this case, the claimant had chronic back pain and was on Norco, muscle relaxants, NSAIDS and Benzodiazepines without consistent measure of VAS scores. There was no mention of failure of Tricyclics. In addition, there was no mention of failure of other long-acting opioids. The MSContin as prescribed is not justified and not medically necessary.