MAXIMUS Federal Services

Case Number:	CM15-0203223		
Date Assigned:	10/19/2015	Date of Injury:	02/01/2011
Decision Date:	12/22/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 2-1-11. The injured worker was diagnosed as having lumbar failed back surgery syndrome, lumbar post laminectomy syndrome, lumbar radiculopathy, status post lumbar spine fusion, chronic constipation, and insomnia. Treatment to date has included a transforaminal epidural injection, L4-5 fusion in 2011, at least 12 physical therapy sessions, TENS, and medication including Percocet, Zolpidem, and Senokot-S. On 9-2-15 the treating physician noted "the patient reports ongoing activity of daily living limitations in the following areas due to pain: self-care and hygiene, activity, ambulation, hand function, sleep, and urinary incontinence." On 9-2-15 physical examination findings included limited cervical spine range of motion due to pain, bilateral thoracic paravertebral muscle tenderness, myofascial trigger points in the upper back, and spasm at L3-4. Tenderness was noted to palpation in the L4-S1 levels with limited lumbar spine range of motion. Facet signs were present in the lumbar spine bilaterally. Decreased sensitivity to touch was noted along the L4-S1 dermatome in bilateral lower extremities. On 8-5-15 pain was rated as 7 of 10 with medication and 9 of 10 without medication. On 9-2-15 pain was rated as 8 of 10 with medication and 9 of 10 without medication. The injured worker had been taking Senokot-S, Zolpidem, and Percocet since at least April 2015. On 9-2-15, the injured worker complained of neck pain with radiation to bilateral upper extremities, thoracic back pain, and low back pain with radiation to bilateral lower extremities. The treating physician requested authorization for left L2-3 median branch nerve block, right L2-3 and bilateral L3-4 median branch nerve blocks x3, fluoroscopy, Senokot-S 50-8.6mg #60, Percocet 10-325mg #105, and

Zolpidem 10mg #30. On 9-21-15 the request for Percocet 10-325mg #105 was modified to certify a quantity of 75 and the request for Zolpidem 10mg #30 was modified to certify a quantity of 15. The other requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2-3 median branch nerve block: Upheld

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

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 - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Left L2-3 median branch nerve block is not medically necessary.

Right L2-3 and bilateral L3-4 median branch nerve blocks QTY 3: Upheld

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

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 - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Right L2-3 and bilateral L3-4 median branch nerve blocks QTY 3 are not medically necessary.

Fluoroscopy QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi,nim,nih.gov/pmc/articles/PMC3107686/Biomed Imaging Interv J. 2011 Jan-mar; 7(1).

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 -

Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. The Left L2-3 median branch nerve block and Right L2-3 and bilateral L3-4 median branch nerve blocks QTY 3 are not medically necessary; consequently, Fluoroscopy QTY 1 is not medically necessary.

Senokot-S 50/8.6mg #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): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids which makes a laxative not medically necessary. Senokot-S 50/8.6mg #60 is not medically necessary.

Percocet 10/325mg #105: 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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 8 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Percocet 10/325mg #105 is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabiltiy Guidelines (ODG); Pain Chapter (updated 9/8/15), Non-Benzodiazepines, Online Version, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Zolpidem 10mg #30 is not medically necessary.