

Case Number:	CM15-0204582		
Date Assigned:	10/21/2015	Date of Injury:	10/14/2008
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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 Jersey

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 57 year old male, who sustained an industrial injury on 10-14-08. The injured worker was diagnosed as having multilevel cervical disc degeneration; facet spondylosis with foraminal stenosis cervical causing bilateral upper extremity radiculitis; lumbar disc herniation with facet arthropathy. Treatment to date has included physical therapy; status post cervical C6-7 epidural steroid injection (9-21-15); medications. Currently, the PR-2 notes dated 9-22-15 indicated the injured worker complains of continuous moderate to severe neck pain with radiation pain, numbness and tingling into the shoulders and low back pain with radiation into the legs. The provider notes the complaint of "neck and back axial pain is far worse than the nerve pain in the arms and legs. He suffers from diabetic neuropathy and he states much of his arm and leg pain may be related to that." The provider notes the injured worker has been approved for the single consult for today's visit but states because he has ongoing chronic pain medication needs and his PTP is not interested in doing this, he wishes to change PTP for pain management purposes. The provider documents "The patient underwent his cervical epidural injection on Monday (9-21-15) and already is feeling substantial relief of neck pain. He states his blood glucose has been moderately elevated as expected and he is adjusting his meds accordingly." The injured worker reports he is using Norco about every 4 hours to control his pain. He report that now the injection is starting to help he will try a slight reduction from 6 a day to 5 a day and well tolerated except for constipation which is severe at times. The provider notes "Pain with meds rated 6 out of 10 and without meds as high as 9 out of 10." The provider documents the injured worker underwent a cervical and lumbar epidural injection 2 years ago

which provided 50-60-% improvement of pain. These lasted 2-3 months. Pain is rated on average 8 out of 10. Medications including Butrans, Norco and flexeril provide minimal relief. He has tried physical therapy and home exercising stretching without much relief. He reports he is on so much medication that he cannot come for frequent visits and therefore requests evaluation for the cervical epidural injection. The provider lists his medications and the "Therapy start date". Norco is listed as "Therapy start date 12-7-09". A PR-2 note dated 5-13-15 indicates the injured worker was prescribed Flexeril. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 9-30-15 and non-certification for Bilateral medial branch lumbar blocks at L3, L4, L5, S1; Norco 10/325mg #150 and Flexeril 7.5mg #90. A request for authorization has been received for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch lumbar blocks at L3, L4, L5, S1: 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 (ODG), Treatment Index, 13th Edition (Web), 2015, Low Back/Facet joint diagnostic blocks (injections).

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 section, facet joint pain/injections.

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising exam are all requirements of the diagnosis. If evidence of hypertrophy encroaching on the neural foramen is present then only two out of the four requirements above may allow for an accurate diagnosis of facet joint pain. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, and 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection. In the case of this worker, there was evidence of facet joint tenderness at the L4-5 down to the lumbosacral junction. The request for diagnostic facet joint injection was, however, for bilateral L3, L4, L5, and S1 levels, which is not exactly clear, but suggests at least 3 levels injected, which is more than recommended by Guidelines. Therefore, without clarification or change in this request, albeit partially appropriate, it is not medically necessary at this time.

Norco 10/325mg #150: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was report of having taken Norco leading up to this request. However, there was no report included in recent notes to show this full review was completed regarding Norco use, in particular no report on functional gain and pain level reduction with prior use, which might have helped to justify this request. Therefore, the Norco at this time is not medically necessary without this documentation available to show evidence of benefit.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was report found suggesting previous intermittent use of Flexeril leading up to this request for muscle spasm. However, this request for #90 pills suggests an intention for the worker to use it chronically moving forward, which is not recommended for this drug class. Also, there was no evidence of a significant flare-up to justify a short course of this medication. Therefore, this request is not medically necessary.