

Case Number:	CM15-0205627		
Date Assigned:	10/22/2015	Date of Injury:	03/02/2004
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old male who sustained an industrial injury on 3-2-2004. A review of the medical records indicates that the injured worker is undergoing treatment for severe low back pain with left greater than right sided radiculopathy, L5-S1 annular fissure with spondylolisthesis, left radiculopathy, posterior element pain-facet pain due to pars defect, myofascial pain-spasm and depression and anxiety. According to the progress report dated 9-15-2015, the injured worker complained of low back pain with left leg pain and bilateral feet numbness. He reported increased low back pain due to the weather. He reported that medications were working well. He rated his average pain as 9 out of 10 and his average functional level as 8 out of 10. On 8-20-2015, the injured worker rated his average pain as 9 out of 10 and functional level as 9 out of 10. On 7-23-2015, he rated his average pain as 8-9 out of 10 and his functional level as 9 out of 10. The physical exam (9-15-2015) revealed ongoing severe pain in the low back with right greater than left leg pain and numbness. Treatment has included surgery and medications. Current medications (9-15-2015) included Fentora, Losartan, Oxycodone, Opana ER (since at least 4-2015) and Phentermine. The treatment plan (9-15-2015) was to increase Opana ER to 40mg. Tried and failed medications included Fentanyl patches, Dilaudid, Kadian, Voltaren gel, Neurontin, Ambien, Oxycontin, Diovan, Percocet, Oxycontin, Abstral, Zanaflex and Lorzone. The treating physician indicates that the urine drug testing result (6-25-2015) was negative for Fentanyl due to running out of oral medications. The original Utilization Review (UR) (10-9-2015) denied requests for Opana ER and L3, L4 and L5 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #60: 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, criteria for use.

Decision rationale: This 40 year old male has complained of low back pain since date of injury 3/2/2004. He has been treated with surgery, physical therapy and medications to include opioids since at least 04/2015. The current request is for Opana ER. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Opana ER is not indicated as medically necessary.

Left L3, L4 and L5 medial branch block #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute & Chronic) Lumbar Spine Injections, Facet joint injections.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: This 40 year old male has complained of low back pain since date of injury 3/2/2004. He has been treated with surgery, physical therapy and medications. The current request is for left L3, L4 and L5 medial branch block #1. Per the MTUS citations listed above, invasive techniques in the treatment of back pain, to include local injections of cortisone, lidocaine or both medications are not recommended. On the basis of the MTUS guidelines, left L3, L4 and L5 medial branch block #1 is not indicated as medically necessary.