

Case Number:	CM15-0206376		
Date Assigned:	10/23/2015	Date of Injury:	10/19/2003
Decision Date:	12/28/2015	UR Denial Date:	10/13/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained a work-related injury on 10-19-03. Medical record documentation on 9-22-15 revealed the injured worker was being treated for bilateral facet arthropathy of L4-5 and L5-S1 facet joints, lumbar spondylosis, lumbar myofascial pain and mechanical low back pain. Her low back pain had remained stable since her previous visit. She reported difficulty obtaining her medications. She rated her pain a 6-7 on a 10-point scale (5-6 on 8-24-15). She reported radiation of pain to the left thigh and down the leg. She indicated she had numbness radiating down to her bilateral feet. She was unable to stand long enough to wash dishes or prepare a meal. She reported that her medication regimen reduced her pain allowing her to rest more and to walk for longer periods of time. She continued to report drowsiness, constipation and redness of the eyes. Previous treatment included eight sessions of acupuncture therapy, six sessions of physical therapy and chiropractic therapy. Objective findings included tenderness to palpation over the right sacroiliac joint, the bilateral lumbar facet joints at L4-s1. She had a positive facet joint loading test of the bilateral lumbar spine and positive bilateral Faber's sign. She had decreased range of motion of the lumbar spine with extension being most painful. An MRI of the lumbar spine on 4-1-15 revealed mild degenerative disc disease and retrolisthesis of L5-S1 with small protrusions without canal stenosis or neural foraminal narrowing at any level. A urine drug screen on 3-2-15 was documented as being consistent with the injured worker's medication regimen. She had used Colace 100 mg as needed for constipation since at least 4-27-15 and used Norco 10-325 mg for pain since at least 4-27-15. A request for Colace 100 mg #60, Norco 10-325 mg #120, bilateral lumbar facet injection at L4-5 and l5-S1,

urine drug screen and med panel was received on 10-12-15. On 10-13-15, the Utilization Review physician determined Colace 100 mg #60, Norco 10-325 mg #120, bilateral lumbar facet injection at L4-5 and L5-S1, urine drug screen and med panel was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar and Thoracic) (Acute and Chronic): Facet Joint Injections Official Disability Guidelines, Low Back (Lumbar and Thoracic) (Acute and Chronic): Facet Joint Pain, Signs and Symptoms (2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. Within the documentation available for review, it appears the patient has active symptoms of radiculopathy including subjective complaints and objective findings. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, it is unclear what conservative treatment measures have been attempted for this patient's diagnoses prior to the currently requested facet injections. In light of the above issues, the currently requested facet injections are not medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing, Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation:

dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco 10/325mg #120, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged, and that there should be better documentation identifying analgesic efficacy and objective functional improvement due to Norco. However, a one-month prescription, as requested here, should allow the requesting physician time to better document those items. The currently requested Norco 10/325mg #120 is medically necessary.

Colace 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Colace, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are recent subjective complaints of constipation. Additionally, the patient is using Norco. As such, the currently requested Colace is medically necessary.

Med panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): NSAIDs, specific drug list & adverse effects. (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for "med panel", it is unclear what is being requested. It is assumed that this is a request for CMP or CBC due to chronic medication use. California MTUS and ACOEM do not contain criteria for this request. ODG states that CBC and chemistry

profile are recommended for patients taking NSAID medications. Within the documentation available for review, it does not appear the patient is taking NSAID medication. There is no indication when the patients most recent lab work was done. Additionally, no other indication for lab work has been described. As such, the currently requested "med panel" is not medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is on controlled substance medication. Additionally, there is no identification of a recent urine drug screen. As such, the currently requested urine toxicology test is medically necessary.