

Case Number:	CM15-0207116		
Date Assigned:	10/23/2015	Date of Injury:	08/18/2006
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 68 year old male, who sustained an industrial injury, August 16, 2006. The injured worker was undergoing treatment for chronic back pain, status post lumbar laminectomy and fusion, opioid dependence and depression associated with chronic pain. According to progress note of September 14, 2015, the injured worker's chief complaint was chronic neck pain, shoulder pain, left knee pain and low back pain with radiation into the right lower extremity. The injured worker continued with low back pain with radiation of pain down both legs right worse than the left. The injured worker was complaining of numbness in the left leg and feet. The injured worker was experiencing both legs giving out and falls because of this. The injured worker received right L3-L4 and L4-L5 lumbar facet injections on August 17, 2015. The injured worker received 60% reduction in low back pain. The injured worker was able to walk more and was motivated to do more activities. There was a reduction in the Oxycodone IR. The injection wore off in 1-2 weeks. The Oxycodone and Percocet bring the injured worker's pain level from 10 out of 10 to 6-7 out of 10 and continued use of Roxicodone for breakthrough pain. The physical exam noted moderate to severe tenderness with palpation of the lumbar paraspinal muscles. The lumbar spine testing showed severely limited range of motion, flexion of 45 degrees, and extension of 0-10 degrees. The sensory exam noted decreased sensation to light touch on the anterior and lateral aspect of the left lower extremity compared to the right. The straight leg raising test was positive bilaterally. The injured worker previously received the following treatments urine drug screening on March 4, 2015 was consistent with prescribed medications, right L3-L4 and L4-L5 lumbar facet injections on

August 17, 2015, Oxycontin, Percocet, Roxicodone and Cymbalta. The RFA (request for authorization) dated the following treatments were requested Oxycodone 15mg #60, Roxicodone 15mg #100 and repeat right L3- L4 and L4-L5 lumbar facet injections quantity 2 at each level. The UR (utilization review board) denied certification on September 30, 2015; for prescriptions for Oxycodone 15mg #60, Roxicodone 15mg #100 and right L3-L4 and L4-L5 lumbar facet injections quantity 2 at each level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15mg, QTY: 60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 15 mg #60 with no refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic low back pain; status post lumbar laminectomy and fusion; left knee arthroplasty, status post revision; headaches, migraine like; opiate dependence; and depression associated with chronic pain. Date of injury is August 16, 2006. Request for authorization is September 22, 2015. According to a March 4, 2015 progress note, OxyContin and Roxicodone were prescribed. The start date for OxyContin is not specified in the record. The documentation indicates a right facet joint injection was provided at L3 - L4 and L4 - L5 on August 17, 2015. According to a September 14, 2015 progress note, subjective complaints include ongoing chronic neck pain, shoulder, left knee and low back pain that radiates to the right lower extremity. The injured worker underwent prior lumbar facet injection with a 60% pain relief that lasted 1 to 2 weeks. Pain scores 7/10 and urine drug screen was consistent. Objectively, there is tenderness to palpation in the lumbar paraspinal muscles. There is decreased range of motion. Muscle strength is 4/5 throughout with positive straight leg raising. The guidelines do not recommend therapeutic facet joint injections in the presence of radiculopathy. There is subjective evidence of radiculopathy involving the right lower extremity with a positive straight leg raising. The injured worker is status post L4 - L5 and L5 - S1 laminectomies that are chronic. The injured worker status post either interbody fusion or artificial disc replacement at L5 - S1 without spinal canal or neural foraminal stenosis.

The documentation indicates the injured worker has persistent lumbar radiculopathy. The documentation does not demonstrate objective functional improvement to support ongoing OxyContin 15 mg. There are no detailed pain assessments or risk assessments. There is no documentation of attempted weaning. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, persistently elevated pain scores (7/10 with medications), no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no documentation indicating an attempt to wean OxyContin, OxyContin 15 mg #60 with no refills is not medically necessary.

Roxicodone 15mg, QTY: 100 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Roxicodone 15 mg #100 with no refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic low back pain; status post lumbar laminectomy and fusion; left knee arthroplasty, status post revision; headaches, migraine like; opiate dependence; and depression associated with chronic pain. Date of injury is August 16, 2006. Request for authorization is September 22, 2015. According to a March 4, 2015 progress note, OxyContin and Roxicodone were prescribed. The start date for Roxicodone is not specified in the record. The documentation indicates a right facet joint injection was provided at L3 - L4 and L4 - L5 on August 17, 2015. According to a September 14, 2015 progress note, subjective complaints include ongoing chronic neck pain, shoulder, left knee and low back pain that radiates to the right lower extremity. The injured worker underwent prior lumbar facet injection with a 60% pain relief that lasted 1 to 2 weeks. Pain scores 7/10 and urine drug screen was consistent. Objectively, there is tenderness to palpation in the lumbar paraspinal muscles. There is decreased range of motion. Muscle strength is 4/5 throughout with positive straight leg raising. The guidelines do not recommend therapeutic facet joint injections in the presence of radiculopathy. There is subjective evidence of radiculopathy involving the right lower extremity with a positive straight leg raising. The injured worker is status post L4 - L5 and L5 - S1 laminectomies that are chronic. The injured worker status post either interbody fusion or artificial disc replacement at L5 - S1 without spinal canal or neural foraminal stenosis. The documentation indicates the injured worker has persistent lumbar radiculopathy. The

documentation does not demonstrate objective functional improvement to support ongoing OxyContin 15 mg. There are no detailed pain assessments or risk assessments. There is no documentation of attempted weaning. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, persistently elevated pain scores (7/10 with medications), no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no documentation indicating an attempt to wean Roxicodone, Roxicodone 15 mg #100 with no refills is not medically necessary.

Right L3-4 and L4-5 lumbar facet injections, QTY: 2 (at each level): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Low Back Procedure Summary.

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 injections.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, right L3 - L4 and L4 - L5 lumbar facet injection #2 (at each level) are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. Criteria for therapeutic intra-articular and median branch blocks include: no more than one therapeutic intra-articular block is recommended; this should be no evidence of radicular pain, spinal stenosis or previous fusion; if successful (initial pain relief 70%, plus pain relief of at least 50% for duration of at least six weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy; no more than two joint levels might be blocked at any one time; and there should be evidence of a formal plan or additional evidence-based activity and exercise in addition to the facet joint injection therapy. In this case, the injured worker's working diagnoses are chronic low back pain; status post lumbar laminectomy and fusion; left knee arthroplasty, status post revision; headaches, migraine like; opiate dependence; and depression associated with chronic pain. Date of injury is August 16, 2006. Request for authorization is September 22, 2015. According to a March 4, 2015 progress note, OxyContin and Roxicodone were prescribed. The documentation indicates a right facet joint injection was provided at L3 - L4 and L4 - L5 on August 17, 2015. According to a September 14, 2015 progress note, subjective complaints include ongoing chronic neck pain, shoulder, left knee and low back pain that radiates to the right lower extremity. The injured worker underwent prior lumbar facet injection with a 60% pain relief that lasted 1 to 2 weeks. Pain scores 7/10 and urine drug screen was consistent. Objectively, there is tenderness to palpation in the lumbar paraspinal muscles. There is decreased range of motion. Muscle strength is 4/5 throughout with positive straight leg raising. The guidelines do not recommend therapeutic facet joint injections in the presence of radiculopathy. There is subjective evidence of radiculopathy involving the right lower extremity with a positive straight leg raising. The injured worker is status post L4 - L5 and L5 - S1 laminectomies that are chronic. The injured worker status post either interbody fusion or artificial disc replacement at L5 - S1 without spinal canal or neural foraminal stenosis. The documentation indicates the injured worker has

persistent lumbar radiculopathy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating persistent lumbar radiculopathy, with guideline non-recommendations and no objective functional improvement from the prior lumbar facet injection that lasted 1 to 2 weeks, right L3 - L4 and L4 - L5 lumbar facet injection #2 (at each level) are not medically necessary.