

Case Number:	CM15-0020380		
Date Assigned:	02/10/2015	Date of Injury:	03/15/2013
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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

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 47 year old male, who sustained an industrial injury on 3/15/2013. On 2/3/15, the injured worker submitted an application for IMR for review of Facet Block L4-S1 bilaterally, and Ultram 50mg, #30, and Mortin 800mg, #90 and Terocin lotion. The treating provider has reported the injured worker complained of continued low back pain. The diagnoses have included lumbar discogenic disease, lumbar spine facet arthrosis. Treatment to date has included x-rays thoracic and lumbar spine (3/19/13), MRI lumbar (8/1/13), MRI lumbar (1/5/14), physical therapy. On 1/27/15 Utilization Review non-certified Facet Block L4-S1 bilaterally, and Ultram 50mg, #30, and Mortin 800mg, #90 and Terocin lotion. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Block L4-S1 bilaterally: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Local injection and facet joint injections of cortisone and lidocaine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter under Facet joint signs and symptoms.

Decision rationale: According to the 12/16/2014 report, this patient presents with low back pain that is unchanged and severe. The current request is for Facet Block L4-S1 bilaterally. The request for authorization is not provided for review. The patient's disability status is Temporarily totally disabled. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. Review of the provided reports, there is no mention prior facet injection. The treating physician indicates that the patient has tenderness to palpation over the lumbar facet joints. The ODG support facet evaluations for patient with paravertebral tenderness with non-radicular symptoms. The requested facet block at 2 levels IS medically necessary.

Ultram 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 12/16/2014 report, this patient presents with low back pain that is unchanged and severe. The current request is for Ultram 50mg #30. This medication was first mentioned in the 05/13/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The medical reports provided for review, the treating physician indicate patient's pain medications help with daily activities, walking and sitting. Pain level without medications 10/10 and with medications 5/10. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain. ADL's are discussed as above. However, the treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document 4A's- analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. The request IS NOT medically necessary.

Mortin 800mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, non-steroidal anti-inflammatory drugs Page(s): 60-61, 22, 67-68.

Decision rationale: According to the 12/16/2014 report, this patient presents with low back pain that is unchanged and severe. The current request is for Motrin 800mg #90. The MTUS Guidelines page 22 reveal the following regarding NSAID's, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Review of the provided reports show the patient has been prescribed NSAID- Naprosyn since 02/10/2014 and it is unknown exactly when the patient initially started taking this medication. The treater indicates that the patient's pain level without medications 10/10 and with medications 5/10. In this case, the patient chronic spinal pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. The current request IS medically necessary.

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgeics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: According to the 12/16/2014 report, this patient presents with low back pain that is unchanged and severe. The current request is for Terocin lotion. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The provided medical reports show the patient has lumbar spinal neuropathic pain but this is not a localized condition. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the lidoderm patches is not stated. Furthermore, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. The current request IS NOT medically necessary.