

Case Number:	CM15-0032729		
Date Assigned:	02/26/2015	Date of Injury:	08/21/2013
Decision Date:	04/13/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 40 year old male, who sustained an industrial injury on August 21, 2013. The diagnoses have included radiculitis left, lumbar degenerative disc disease, lumbago lumbar spine pain, and migraine, obesity and tobacco use disorder. Treatment to date has included pain medications, right L5 and S1 Transforaminal epidural steroid injection on August 8, 2014 which resulted in a 4 days pain relief and right L3-5 MBBB on January 21, 2015 that resulted in 1-2 days of pain relief. There was no reduction in pain medication utilization or functional restoration. The medications listed are Norco, Soma, Ibuprofen, Ambien, Percocet and Opana. The Norco and Percocet was discontinued for not being effective. The patient reported dizziness and blurred vision with the use of Elavil. On 12/16/2014 and 1/15/2015 there was subjective report of 10/10 pain score despite increased dose of Opana. The low back pain was associated with tingling and numbness of the lower extremities. There was associated insomnia. The patient was noted to be miserable. A prescription for Lyrica was not authorized by the carrier. Currently, the injured worker complains of pain in the bilateral back with radiation to the posterior lateral legs. In a progress note dated February 6, 2015, the treating provider reports examination of the lumbar spine reveals tenderness to palpation on the paraspinous and SI joint, range of motion limited due to pain. On February 21, 2015 Utilization Review non-certified a Opana ER 20mg quantity 90, L3-L4 medial branch block with lidocaine and L4-L5 medial branch block with lidocaine, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone and Opioids Page(s): 93 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs, co-analgesics and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioids induced hyperalgesia and adverse interactions with sedative medications. The records indicate that the patient had consistently reported lack of efficacy or functional restoration with the use of various opioid medications including Opana. The guidelines recommend that anticonvulsant and antidepressants are more effective in the treatment of neuropathic and radiculopathy pain than standard opioid medications. The criteria for the use of Opana ER 20mg #90 was not met.

L3-L4 medial branch block with Lidocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Injections.

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 Low and Upper Back.

Decision rationale: The CA MTUS did not address the use of Facet injection procedures for the treatment of low back pain. The ODG guidelines recommend that lumbar facet median branch blocks can be utilized for the treatment of non radicular low back pain when conservative treatments with medications and PT have failed. There is subjective, objective and radiological findings that the lumbar pain is radicular in nature. The guidelines did not support the use of lumbar facet injection procedures for the treatment of radicular pain. The previous right sided lumbar facet injections did not provide any significant pain relief or functional restoration. The patient had previously reported effective pain relief with the use of Elavil but the medication was discontinued because of side effects. The criteria for L3-L4 medial branch block with lidocaine was not met

L4-5 medial branch block with Lidocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Injections.

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 Low and Upper Back.

Decision rationale: The CA MTUS did not address the use of Facet injection procedures for the treatment of low back pain. The ODG guidelines recommend that lumbar facet median branch blocks can be utilized for the treatment of non radicular low back pain when conservative treatments with medications and PT have failed. There is subjective, objective and radiological findings that the lumbar pain is radicular in nature. The guidelines did not support the use of lumbar facet injection procedures for the treatment of radicular pain. The previous right sided lumbar facet injections did not provide any significant pain relief or functional restoration. The patient had previously reported effective pain relief with the use of Elavil but the medication was discontinued because of side effects. The criteria for the L4-L5 medial branch block with lidocaine was not met.