

Case Number:	CM15-0037292		
Date Assigned:	03/10/2015	Date of Injury:	01/17/2007
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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: Georgia

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 65 year old male, who sustained an industrial injury on 1/17/07. He has reported neck back , back and bilateral knee pain. The diagnoses have included derangement of medial meniscus, cervical discogenic disease, lumbar discogenic disease, chronic low back pain, and cervicogenic headaches. Treatment to date has included medications, surgery, activity modifications, prolonged rest, and pain management. Surgery included status post left knee surgery with recurrent internal derangement. Currently, the injured worker complains of chronic bilateral knee pain, left greater than right. Pain was rated 7/10 on pain scale on the right and 8/10 on the left. There was chronic low back pain rated 8/10, cervical spine pain rated 8/10 and cervicogenic headaches. He has been having increased pain because of medications being denied. The medications alleviate the pain. The current pain was rated 9/10 on pain scale. The Magnetic Resonance Imaging (MRI) of the cervical spine dated 2/11/13 revealed degenerative disc and osteophyte disease, facet arthropathy and stenosis. There was no recent lumbar Magnetic Resonance Imaging (MRI) noted. The exam of the lumbar spine revealed spasm, painful and limited range of motion and positive straight leg raise bilaterally. The cervical spine exam revealed spasm, painful and decreased range of motion, radiculopathy bilaterally, decreased sensation bilaterally, and pain with axial compression at cervical spine. The knee exam revealed left knee had positive patellofemoral crepitation, severe medial joint line tenderness to palpation and there was right knee joint pain. Work status was permanent and stationary. On 2/4/15 Utilization Review non-certified a request for Outpatient medial branch block and pharmacy purchase of Nucynta IR tab 100mg #120, Duexis #90 and Nucynta ER tab

150mg #60, noting the Official Disability Guidelines (ODG), Medial Branch Block and the (MTUS) Medical Treatment Utilization Schedule guidelines Opioids were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient medial branch block and pharmacy purchase of Nucynta IT tab 100mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medial Branch Block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back and Neck and Upper Back Pain Chapters: Medial Branch Blocks.

Decision rationale: Outpatient medial branch block is not medically necessary. The Official Disability Guidelines criteria for use of diagnostic facet blocks (lumbar medial branch blocks) require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedure is anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the plan injection level. The physical exam does not clearly indicate facet pain. Additionally, the levels were not specified; therefore the requested procedure is not medically necessary. Pharmacy Nucynta IT tab 100mg # 120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Duexis #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Duexis #90 is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on NSAIDs. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

Nucynta ER tab 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Nucynta ER tab 150mg #60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.