

Case Number:	CM15-0042463		
Date Assigned:	03/12/2015	Date of Injury:	06/30/2003
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 60 year old female, who sustained an industrial injury on 06/30/2003. The injured worker is currently diagnosed as having post-lumbar laminectomy syndrome, lower extremity neuropathy and radiculopathy, peripheral neuropathy, and indwelling permanent spinal cord stimulator. Treatment to date has included extensive lumbar spinal surgery, spinal cord stimulation, radiofrequency ablation of the lumbar facet nerves, trigger point injections, psychotherapy, and medications. In a progress note dated 01/29/2015, the injured worker presented with complaints of severe low back, buttock, and leg pain. The treating physician reported recommending medial branch blocks at levels L3-L4 and L4-L5. On 2/26/15 clinic follow-up, diagnoses include post-laminectomy syndrome, lower extremity neuropathy and radiculopathy, peripheral neuropathy, and indwelling permanent spinal cord stimulator. Trigger point injections of the lumbar spine were performed. Patient reports an increase in lower back pain while attempting to taper f her medications slowly at home. The provider states that the patient meets criteria for an RF ablation of facet nerves. Plan is to proceed with medial branch block at L3-4 and L4-5 to diagnose facet joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medial branch blocks L3-L4, L4-L5: 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).

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 (acute and chronic) pain.

Decision rationale: While the CA MTUS does not address medial branch blocks, the ODG states that "one set of medial branch blocks is recommended prior to a neurotomy... confirmatory blocks while recommended for research studies, do not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself". According to the clinic records that patient already had successful RF ablation at those levels on 10/11/13 which resulted in pain relief for nearly a year. Consequently there is no need for a diagnostic block. According to the providers note on 2/26/15, "there is no need to perform diagnostic medial branch blocks as she received greater than 70% relief from these in the past and the ablation has met guideline criteria". While an RF ablation may be considered, medial branch block is not medically necessary.

15 fentanyl patches 12.5 mcg/h: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. There is no report of VAS score and no noted improvement in objective physical exam findings or functional capacity. Chronic ongoing use increases the patient's risk of dependence and tolerance. There is no report of urinary drug screen or opioid counseling. Consequently continued use of long acting opioids is not supported by the medical records and guidelines as being medically necessary. Therefore the request is not medically necessary.

120 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. There is no report of VAS score and no noted improvement in objective physical exam findings or functional capacity. Chronic ongoing use increases the patient's risk of dependence and tolerance. There is no report of urinary drug screen or opioid counseling. Total dosage of all three prescribed opioids is well above recommended upper limit guideline of 120 morphine equivalents. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary. Therefore the request is not medically necessary.

60 Percocet 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. There is no report of VAS score and no noted improvement in objective physical exam findings or functional capacity. Chronic ongoing use increases the patient's risk of dependence and tolerance. There is no report of urinary drug screen or opioid counseling. Total dosage of all three prescribed opioids is well above recommended upper limit guideline of 120 morphine equivalents. Additionally there is no clear reason why percocet should be prescribed in addition to Norco another short acting opioid. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary. Therefore the request is not medically necessary.