

Case Number:	CM15-0053216		
Date Assigned:	03/26/2015	Date of Injury:	10/28/2008
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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, Illinois

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 68-year-old female who sustained an industrial injury on 10/28/08. The injured worker has been diagnosed of Lumbar facet hypertrophy, DDD of the Lumbar spine with hypertrophy, right hip arthralgia, and mechanical low back pain. Treatments to date include medications, right hip surgery, epidural steroid injections, physical therapy, chiropractic treatments, and acupuncture. Diagnostic studies include a CT scan of the lumbar spine. Current complaints include low back pain. In a progress note dated 02/05/15, the treating provider reports the plan of care as medications including Norco, Senna, and Ambien, and a medial branch block at L4-5 and L5-S1. The requested treatments are Norco and a medial branch block at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10-325 MG #120: 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): 78-81.

Decision rationale: The injured worker sustained a work related injury on 10/28/08. The medical records provided indicate the diagnosis of Lumbar facet hypertrophy, DDD of the Lumbar spine with hypertrophy, right hip arthralgia, and mechanical low back pain. Treatments have included medications, right hip surgery, epidural steroid injections, physical therapy, chiropractic treatments, and acupuncture. The medical records provided for review do not indicate a medical necessity for Norco Tab 10-325 MG #120. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate she started taking this medication before 09/2014, but there has no overall improvement in pain and function. The records indicate her last urine drug screen was in 2013.

Medial Branch Block L4-5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The injured worker sustained a work related injury on 10/28/08. The medical records provided indicate the diagnosis of Lumbar facet hypertrophy, DDD of the Lumbar spine with hypertrophy, right hip arthralgia, and mechanical low back pain. Treatments have included medications, right hip surgery, epidural steroid injections, physical therapy, chiropractic treatments, and acupuncture. The medical records provided for review do not indicate a medical necessity for: Medial Branch Block L4-5, L5-S1. The MTUS does not recommend the use of Medial Branch Block. The Official Disability Guidelines states this is understudy, and not recommended except as a diagnostic tool.