MAXIMUS Federal Services

Case Number:	CM15-0066801		
Date Assigned:	06/08/2015	Date of Injury:	09/01/1999
Decision Date:	07/10/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/08/2015

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, 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 75 year old female, who sustained an industrial injury on 9/1/1999. She reported back pain. Diagnoses have included unspecified myalgia and myositis, spinal stenosis of lumbar region, thoracic/lumbosacral neuritis/radiculitis, degeneration of lumbar/lumbosacral intervertebral disc, lumbago and sacroiliitis. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 2/19/2014, the injured worker complained of low back pain and bilateral leg pain to knees. She had increased symptoms of depression due to pain. Sleep quality was poor. Average pain since the last visit was rated 7/10. On exam, she was sitting in a chair with ongoing baseline low back pain consistent with spondylosis with pain worse on the left. She had facetogenic based pain greater than discogenic to the left. Authorization was requested for Percocet and a left medial branch block injection at L2, 3, 4 and 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial branch block injection at L2, L3, L4, and L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint pain, signs & symptoms.

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 Chapter, Facet Joint Diagnostic Blocks (Injections) Topic.

Decision rationale: Regarding the request for lumbar medial branch blocks, the CA MTUS references ACOEM Chapter 12, which specify invasive techniques such as facet blocks, are of questionable merit. These injections may be appropriate in the transitional phase from acute to chronic pain. More specific recommendations as found in the ODG as cited below: "Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a “sedative” during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a 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 logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)]" In the case of this injured worker, the request is for a blockade at 4 medial branch levels which corresponds to 3 facet levels (L3-4, L4-5, L5-S1). This is in excess of ODG criteria number 4, and therefore the request is not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet), Criteria for Use of Opioids, Weaning of Medications, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have

been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, monitoring for aberrant behaviors such as querying the CURES database has yielded issues. The patient according to a progress note in April 2015 was found to be on 3 benzodiazepines. Given this, opioid risk is high as there can be synergistic respiratory depression in this patient. This request is not medically appropriate in this context. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. Therefore the request is not medically necessary.

Percocet 10/325mg #90 (to be filled on 3/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet), Criteria for Use of Opioids, Weaning of Medications, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, monitoring for aberrant behaviors such as querying the CURES database has yielded issues. The patient according to a progress note in April 2015 was found to be on 3 benzodiazepines. Given this, opioid risk is high as there can be synergistic respiratory depression in this patient. This request is not medically appropriate in this context. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. Therefore the request is not medically necessary.