

Case Number:	CM15-0084050		
Date Assigned:	05/06/2015	Date of Injury:	05/07/2013
Decision Date:	06/05/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old male who sustained a work related injury May 7, 2013. While chasing a suspect over a five and a half foot wrought iron fence, his left shin became caught between the slots. He fell backwards, landing on his buttocks, followed by pain in his left hip and an acute onset of lower back pain. He later developed pain in his neck and bilateral shoulders. Past history included s/p arthroscopic left hip surgery with bursectomy and labral repair 4/17/14, right shoulder arthroscopic labral tear repair 8/14/2014 and left shoulder rotator cuff ,biceps tendon, and labral tear repair surgeries 12/16/2013 with follow-up surgeries 12/23/2013 and 1/13/2014. According to a treating physician's notes, dated April 14, 2015, the injured worker presented with complaints of neck pain, upper back pain, mid back pain, lower backache and right hip pain. The pain level has increased since his last visit, rated 4.5/10, with medication and 6/10, without medication. Diagnoses are lumbar radiculopathy; low back, shoulder, cervical hip pain, occipital neuralgia; hip bursitis. Treatment plan included request for authorization for Duexis, a gym membership, and right- sided medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided medial branch block (2 joints/ 4 nerves) right L4-5 and L5-S1 joints: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nerve blocks, Intravenous regional sympathetic blocks Page(s): 67, 55-56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint medial branch blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medial branch block.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70% 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy 4. No more than 2 joint levels are injected in 1 session 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. The patient has radicular pain and therefore all criteria have not been met and the request is not medically necessary.

Gym membership: 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), Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, gym membership.

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. Therefore the request is not medically necessary.

Duexis 800/26.6mg #60: 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), Pain, Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-70.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ?g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a combination NSAID/H2 blocker. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.