

Case Number:	CM15-0085175		
Date Assigned:	05/07/2015	Date of Injury:	08/19/2011
Decision Date:	06/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/04/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43-year-old male sustained an industrial injury to the neck and back on 8/19/11. Previous treatment included magnetic resonance imaging, lumbar fusion, physical therapy, aqua therapy, epidural steroid injections, spinal cord stimulator trial and medications. The injured worker had been prescribed Norco and Oxycontin since at least 11/13/14. In a PR-2 dated 11/13/14, the injured worker complained of pain 9/10 on the visual analog scale without medications and 6/10 with medications. The treatment plan included continuing medications (Norco and Oxycontin). The physician noted that the injured worker used Norco and Oxycontin to decrease the severity of pain allowing for increased mobility and function. In a PR-2 dated 4/16/15, the injured worker complained of low back pain 7/10 on the visual analog scale with medications and 10/10 without. The injured worker's pain radiated to the left leg, groin, buttock and testicles. Current diagnoses included lumbar intervertebral disc displacement without myelopathy, lumbar post-laminectomy syndrome, and lumbar spine stenosis without neurogenic claudication, opioid dependence and constipation. The treatment plan included a sample of Duexis, continuing medications (Norco and Oxycontin), requesting authorization for right 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:

Lumbar spine right medial branch block at L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar and Thoracic chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks. The patient exhibits radicular symptoms to the lower extremity with associated clinical findings by the provider with confirmed MRI results of intervertebral disc disorder s/p previous lumbar epidural steroid injections. Additionally, submitted reports show no clear exam findings consistent with bilateral facet arthropathy nor is there extenuating circumstances to require blocks beyond the guidelines criteria. The Lumbar spine right medial branch block at L4-L5, L5-S1 is not medically necessary and appropriate.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #240 is not medically necessary and appropriate.

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Oxycontin 30mg #60 is not medically necessary and appropriate.