

Case Number:	CM15-0085854		
Date Assigned:	05/07/2015	Date of Injury:	05/12/1994
Decision Date:	06/09/2015	UR Denial Date:	04/07/2015
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: Massachusetts

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 67 year old male, who sustained an industrial injury on 5/12/1994. Diagnoses have included lumbar disc degeneration, other chronic pain, lumbar facet arthropathy, lumbar post-laminectomy syndrome, lumbar radiculitis, depression and insomnia. Treatment to date has included physical therapy, surgery, spinal cord stimulator and medication. According to the progress report dated 3/18/2015, the injured worker complained of constant low back pain radiating to the bilateral thighs. He complained of neck pain and ongoing occipital headaches. He complained of insomnia associated with pain. He rated his pain as 7/10 with medications and 9/10 without medications. He also reported medication associated gastrointestinal upset. The injured worker was status post facet radiofrequency rhizotomy at lumbar level bilateral L4-S1 on 4/1/2014. The injured worker reported 50-80% overall improvement with decrease in pain medication requirements, improved mobility and improved sleep for six months. The injured worker was observed to have a slow gait. He was tearful and appeared to be in slight distress. Cervical exam revealed occipital tenderness to palpation bilaterally. Cervical range of motion was moderate to severely limited by pain. Exam of the lumbar spine revealed tenderness to palpation in the bilateral paravertebral area L3-S1 levels, in the bilateral buttock and in the spinal vertebral area L4-S1 levels. Authorization was requested for bilateral L3-4 facet joint injections, Ketoprofen and Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L3-4 facet joint injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant has a remote history of a work injury occurring more than 20 years ago. He continues to be treated for low back pain radiating into the thighs. Treatments have included a lumbar fusion from L4 to S1 and radiofrequency ablation at the L4-S1 levels. When seen, medications are referenced as decreasing pain from 9/10 to 7/10. There had been a worsening of pain since the previous visit. Physical examination findings included lumbar spine tenderness and decreased range of motion. Straight leg raising was negative. He had increased pain with flexion and extension and facet testing was positive. Medications being prescribed included Butrans. In November 2014 the only opioid medications being prescribed was Tramadol at a total MED (morphine equivalent dose) of less than 10 mg per day. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet testing and has undergone extensive prior treatments. A single level is being requested which is above the level of the claimant's fusion and not previously treated by the medial branch radiofrequency ablation procedure performed. The criteria are met and therefore the requested lumbar facet injection procedure is medically necessary.

1 Prescription of Ketoprofen 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for Back pain- Chronic low back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant has a remote history of a work injury occurring more than 20 years ago. He continues to be treated for low back pain radiating into the thighs. Treatments have included a lumbar fusion from L4 to S1 and radiofrequency ablation at the L4-S1 levels. When seen, medications are referenced as decreasing pain from 9/10 to 7/10. There had been a worsening of pain since the previous visit. Physical examination findings included lumbar spine tenderness and decreased range of motion. Straight leg raising was negative. He had increased pain with flexion and extension and facet testing was positive. Medications being prescribed included Butrans. In November 2014 the only opioid medications being prescribed was Tramadol at a total MED (morphine equivalent dose) of less than 10 mg per day. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic

persistent pain. Recommended dosing of ketoprofen should not exceed 300 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.

1 Prescription of Butrans 5mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: The claimant has a remote history of a work injury occurring more than 20 years ago. He continues to be treated for low back pain radiating into the thighs. Treatments have included a lumbar fusion from L4 to S1 and radiofrequency ablation at the L4-S1 levels. When seen, medications are referenced as decreasing pain from 9/10 to 7/10. There had been a worsening of pain since the previous visit. Physical examination findings included lumbar spine tenderness and decreased range of motion. Straight leg raising was negative. He had increased pain with flexion and extension and facet testing was positive. Medications being prescribed included Butrans. In November 2014 the only opioid medications being prescribed was Tramadol at a total MED (morphine equivalent dose) of less than 10 mg per day. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, when prescribed the claimant was taking tramadol at a low MED (morphine equivalent dose). He had not been taking high dose opioid medication. Butrans was not medically necessary.