

Case Number:	CM15-0086568		
Date Assigned:	05/08/2015	Date of Injury:	01/20/2004
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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 34 year old female patient who sustained an industrial injury on 01/20/2004. The injury was described as while the patient was sitting doing her work she experienced an acute onset of sharp, stabbing pain in the lower back that shot pain down the right leg. An orthopedic surgical consultation dated 04/03/2015 reported the patient with subjective complaint of persistent and consistent lower back pain. Of note, the patient has been participating in chiropractic care intermittently throughout the course of injury. She is also self-medicating with Advil and Tylenol. The pain does interfere with sleep patterns. In addition, she takes Flexeril, Prozac, and Tramadol. She has also had suicidal ideation and sought mental health advice being treated for anxiety and depression. Her current complaints are of low back pain. Objective findings showed an increased lordosis and pain from L3 down. She also was with muscle guarding to a great extent. She has a positive straight leg raising, Lasegue's on the right also; along with Soto-Hall, Fabre's and Kerning's also with positive findings. There is note of collapsing weakness in the right quadriceps muscle. The impression noted: L2-3 and L3-4 lumbar disc protrusion, very small, and L3-4 mild degree of disc degeneration with a left-sided protrusion, but without central or lateral spinal canal stenosis. Previous diagnostic testing to include: radiographic study, magnetic resonance imaging, electric nerve conduction study. The plan of care involved: recommending initiating Gabapentin, diagnostic medial facet joint injection, aqua therapy, and psychiatric input.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARC-Hydrocodone 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury more than 10 years ago and continues to be treated for low back pain. When seen, her BMI was over 37. She had decreased and painful lumbar spine range of motion. Straight leg raising on the right side was positive. She had right lower extremity weakness and a decreased right knee reflex. EMG/NCS testing had been negative for radiculopathy but had shown findings of a mild lower extremity sensory peripheral neuropathy. An MRI of the lumbar spine had been negative for neural compromise. Medications being prescribed included tramadol at a total MED (morphine equivalent dose) of 40 mg per day. Authorization for diagnostic facet blocks and a trial of aqua therapy were requested. Gabapentin with an appropriate titration plan was recommended. Tramadol was discontinued due to concern over seizure risk as the claimant was also taking Prozac. Norco was prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. The rationale for changing from Tramadol to Norco is clear and an example of thoughtful patient care. Therefore, the prescribing of Norco is medically necessary.

Aqua therapy x 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury more than 10 years ago and continues to be treated for low back pain. When seen, her BMI was over 37. She had decreased and painful lumbar spine range of motion. Straight leg raising on the right side was positive. She had right lower extremity weakness and a decreased right knee reflex. EMG/NCS testing had been negative for radiculopathy but had shown findings of a mild lower extremity sensory peripheral neuropathy. An MRI of the lumbar spine had been negative for neural compromise. Medications being prescribed included tramadol at a total MED (morphine equivalent dose) of 40 mg per day. Authorization for diagnostic facet blocks and a trial of aqua therapy were requested. Gabapentin with an appropriate titration plan was recommended. Tramadol was discontinued due to concern over seizure risk as the claimant was also taking Prozac. Norco was prescribed. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, claimant is

noted to be obese and a trial of pool therapy is appropriate. Guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The request is within the guideline recommendation and is medically necessary.

Medial facet injection BL L2-3 and L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 sustained a work injury more than 10 years ago and continues to be treated for low back pain. When seen, her BMI was over 37. She had decreased and painful lumbar spine range of motion. Straight leg raising on the right side was positive. She had right lower extremity weakness and a decreased right knee reflex. EMG/NCS testing had been negative for radiculopathy but had shown findings of a mild lower extremity sensory peripheral neuropathy. An MRI of the lumbar spine had been negative for neural compromise. Medications being prescribed included tramadol at a total MED (morphine equivalent dose) of 40 mg per day. Authorization for diagnostic facet blocks and a trial of aqua therapy were requested. Gabapentin with an appropriate titration plan was recommended. Tramadol was discontinued due to concern over seizure risk as the claimant was also taking Prozac. Norco was prescribed. 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 radicular symptoms affecting the right lower extremity with positive straight leg raising and decreased strength. Also being requested is a trial of aqua therapy which may be beneficial in treating her condition. Requesting facet blocks at this time is not medically necessary.