

Case Number:	CM15-0088986		
Date Assigned:	05/13/2015	Date of Injury:	03/08/1989
Decision Date:	09/25/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

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: Preventive Medicine, Occupational Medicine

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 70-year-old female, who sustained an industrial injury on March 8, 1989. The injured worker was diagnosed as having lumbar discectomy, disk degeneration and facet spondylosis, right sciatica and right gluteal muscle pain. Treatment and diagnostic studies to date have included surgery, physical therapy, injections and medication. A progress note dated March 26, 2015 provides the injured worker complains of back pain. She reports epidural, medications and home exercise give good relief and her sciatica pain is gone and back pain is decreased 25%. Pain is rated 4-5/10 and she has decreased use of pain medication. Physical exam notes lumbar tenderness, spasm, decreased range of motion (ROM) and well healed surgical scar. The plan includes surgical consult, facet block and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 spine surgery consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. According to available documentation the patient does not meet the criteria for a surgical consultation. The patient has not failed conservative treatment and there is no evidence of progressive and significant neurologic symptomology involving the lumbar spine. Therefore, the request for 1 spine surgery consult is recommended non-certified. 1 spine surgery consult is not medically necessary.

1 right cervical 4-5, cervical 5-6, C6-7 facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

Decision rationale: The Official Disability Guidelines state that facet joint therapeutic steroid injections are not recommended. A medial branch block is generally considered a diagnostic block and has been used occasionally with patients who may undergo a surgical procedure. The ODG states clearly that the use of therapeutic intra-articular and median branch blocks is not recommended, but if used anyway, several criteria need to be met and the clinical presentation should be consistent with facet joint pain, signs, and symptoms. The medical record fails to document the criteria necessary for consideration of a therapeutic block. 1 right cervical 4-5, cervical 5-6, C6-7 facet block is not medically necessary.

Docusate 250mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines prophylactic treatment of constipation Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of Norco to be weaned from hydrocodone, but she will require continued use of tramadol which makes a laxative medically necessary. I am reversing the previous utilization review decision. Docusate 250mg #60 is medically necessary.

Norco 7.5/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. Norco 7.5/325mg #80 is not medically necessary.

Tramadol 150, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits one of these criteria citing improved function as a result of the Tramadol. I am reversing the previous utilization review decision. Tramadol 150, #60 is medically necessary.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18 and 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drug (AEDs) Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 300mg #90 is not medically necessary.

