

Case Number:	CM13-0002898		
Date Assigned:	12/18/2013	Date of Injury:	11/28/2006
Decision Date:	02/18/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old female who reported an injury on 09/10/2010 due to getting in and out of her car, causing her to develop back pain. Prior treatments included physical therapy, aquatherapy, and acupuncture. The patient underwent an MRI that revealed a disc bulge at the L1-2 without significant central canal spinal stenosis, neural foraminal narrowing, or facet arthropathy. Facet arthropathy was noted at the L3-4, L4-5 and L5-S1 levels. The patient underwent medial branch blocks at the bilateral L3-4, L4-5, and L5-S1 facets that provided greater than 70% relief for approximately 3 to 4 days that allowed the patient to have an increase in activity to include walking. The patient's most recent clinical evaluation revealed tenderness to palpation over the lumbar paraspinal musculature with facet tenderness along the L3 through the S1 levels, and intact sensation to light touch and vibration in all dermatomes. The patient's diagnoses included lumbar disc disease, lumbar facet syndrome, post annular tear at the L4, and multiple neuromas of the bilateral feet. The patient's treatment plan included a facet rhizotomy at the bilateral L3-4, L4-5, and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5, and L5-S1 facet Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, section on Facet joint radiofrequency neurotomy.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient previously underwent a medial branch block that provided 70% pain relief for approximately 3 to 4 days, allowing the patient an increased ability to stand, sit, and walk. However, the request includes 3 joint levels. The Official Disability Guidelines recommend no more than 2 joint levels to be performed at any 1 time. Therefore, this procedure would not be indicated. As such, the request for 1 bilateral L3-4, L4-5, and L5-S1 facet rhizotomy is not medically necessary and appropriate.

60 Valium 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, section on Insomnia Treatments.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time to assist as a sleep aid. The MTUS Chronic Pain Guidelines do not recommend the long term use of benzodiazepines for management of the patient's chronic pain. Additionally, the Official Disability Guidelines do not recommend long term use of benzodiazepines in the treatment of a patient's insomnia related to chronic pain. The clinical documentation does not include specific evidence of functional increases and the patient's sleep hygiene to support extending treatment beyond guideline recommendations. As such, the request for 60 Valium 10 mg is not medically necessary and appropriate.

Elavil 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, section on Insomnia Treatments.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient is taking this medication to assist with insomnia-related complaints due to the patient's chronic pain. Official Disability Guidelines do recommend the use of antidepressants such as Elavil to assist patients with symptom relief due to insomnia secondary to chronic pain. However, the clinical documentation submitted for review does not provide an adequate assessment of the patient's sleep hygiene to support the efficacy of this medication. Therefore,

continued use would not be supported. As such, the requested #30 Elavil 50 mg is not medically or appropriate.

60 Soma 350mg: 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 Carisoprodol Page(s): 29.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The MTUS Chronic Pain Guidelines do not recommend the use of this medication and state that the significant risk of psychological and physiological dependence on this medication is not considered a safe treatment for a patient's chronic pain. Therefore, continuation would not be supported. As such, the request for 60 Soma 350 mg is not medically necessary and appropriate.