MAXIMUS Federal Services

Case Number:	CM14-0131466		
Date Assigned:	08/20/2014	Date of Injury:	05/09/1991
Decision Date:	10/15/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/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 58 year old male who sustained an industrial injury on 5/9/1991. The patient has history of multiple lumbar surgeries. A 4/6/2011 lumbar x-ray (2-view) indicates solid fusion from L3-S1 with L2-3 disc degeneration. The prior peer review on 7/28/2014 certified the requests for Lyrica 150mg #60 with 1 refill, and non-certified the requests for MBB left L2, L3 and quantitative urine analysis. The request for Norco 10/325mg #120 was modified to allow #45. The patient was administered a caudal ESI on 6/11/2013 and 7/12/2013. The diagnoses are lumbar radiculopathy and failed back surgery syndrome. The 7/16/2014 UDS confirmed the presence of Morphine, Hydrocodone, norhydrocodone, hydromorphone, and pregabalin, which are consistent with prescribed. The study did not detect carisoprodol and mephoramate although Soma is prescribed. The 8/13/2014 progress note indicates the patient continues with follow ups for lower backache and referred left leg pain. He rates his pain 3/10 with medications and 10/10 without. Low back and left leg referred pain is unchanged. Current medications are etodolac 300mg twice daily as needed, Lyrica 150mg twice daily, MS Contin 15mg twice daily, soma 350mg daily as needed, Norco 10/325 four times a day as needed, and Norco 10/325 (other MD) 3-4 times a day. Physical examination indicates loss of normal lumbar lordosis, surgical scars, restricted flexion and extension due to pain, tenderness and tight muscles on palpation of left/right paravertebral muscles, can heel and toe walk, positive facet loading on the left, 1/4 ankle jerk and left patellar jerk, and 2/4 right patellar jerk. Sensation is decreased over left L5 and S1 dermatomes, and 5/5 motor strength except for -5/5 left EHL, ankle dorsiflexor and plantarflexors.

IMR ISSUES, DECISIONS AND RATIONALES

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

One medial branch block, site: L2 and L3; joints 2; nerves: 2, left side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Injections; Facet joint pain, signs & symptoms

Decision rationale: MTUS/ACOEM guidelines state, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. According to the Official Disability Guidelines, lumbar facet joint medial branch blocks as therapeutic injections, are not recommended, and may only be considered as a diagnostic tool. There is minimal evidence for use as treatment. The guidelines indicate consideration for lumbar facet joint medial branch blocks require relevant criteria be met. Such as the injections must be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The medical records show that the patient continues to complain of pain in his lower back and pain radiating to the left leg and foot, with objective findings of ongoing radiculopathy. Facet injections are not recommended in the presence of radiculopathy. Furthermore, the medical records do not document clinical findings that support the existence of facet-mediated pain. The request for lumbar MBB is not supported by the guidelines, and is therefore not medically necessary.

Norco 10/325mg #120: 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: MTUS guidelines state, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. It is appreciated that the patient reports benefit with medication use. However, the medical records do not demonstrate a significant reduction in pain and functional improvement with this particular medication to support ongoing use. In addition, it appears that the patient has been receiving Norco from two different physicians. Furthermore, review of the medical records indicate the patient had been recommended to reduce Norco intake due to his history of Hepatitis C. The medical records do not document use of a pain diary by the patient to catalog medication use, which is advised by the guidelines. Chronic use of opioids is not generally supported. The access to the long acting MSContin, along with his other medications should be sufficient to provide suitable pain analgesia. Continued reduction and weaning of Norco is appropriate in this case. The medical necessity of Norco #120 has not been established.

Urine drug screen (quantitative urine analysis): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, Page(s): 43;87-91.

Decision rationale: According to the MTUS guidelines, urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The treating physician has not documented any aberrant or suspicions drug seeking behavior. The patient has had urine toxicology screens; however, it does not appear that the results of the studies have been used to direct this patient's course of care. Consequently, in the absence of issues of misuse of opiates, the requested urine drug analysis is not supported as medically necessary.