

Case Number:	CM14-0139605		
Date Assigned:	10/07/2014	Date of Injury:	04/13/2002
Decision Date:	10/30/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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 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 report was taken directly from the only report from the provider. The injured worker is a 59-year old female who was injured at work on 04/13/2002. A 08/22/14 report from the provider noted, "Appeal Right L4 L5 Medial Branch Block: patient has right paravertebral tenderness at L4/5 and L5/S1. The pain is non-radicular and is worsened with extension and axial rotation. We are requesting diagnostic injections to confirm if this is facet mediated pain. Depending on response she may be a candidate for radiofrequency ablation. Appeal denial of Zofran: patient has nausea from combination of medications/pain which is a common finding in chronic pain management." The worker has been diagnosed of Lumbago. At dispute are the requests for Right L4-L5 & L5-S1 Medial Branch Block with Fluoroscopy; Zofran 8mg #30; Lidoderm patch #60; Diazepam 10mg #30; Prilosec 20mg #60; Ultracin Cream; Podiatrist consult for RSD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 & L5-S1 Medial Branch Block with Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections) section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011), Low Back Disorders

Decision rationale: The injured worker sustained a work related injury on 04/13/2002. The medical records provided indicate the diagnosis of Lumbago. Treatments have included unspecified pain medications. The medical records provided for review do not indicate a medical necessity for Right L4-L5 & L5-S1 Medial Branch Block with Fluoroscopy. While the MTUS recommends against the use of Facet joint injections, the ACOEM guidelines has no recommendations either for or against radiofrequency neurotomy (medial branch block), neurotomy, or facet rhizotomy for treatment of patients with chronic low back confirmed with diagnostic blocks. Therefore the requested procedure is not medically necessary.

Zofran 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ondansetron (Zofran) and Antiemetics (for opioid nausea)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbago. Decision based on Non-MTUS Citation Medscape, Ondansetron, <http://reference.medscape.com/drug/zofran-zuplenz-ondansetron>

Decision rationale: The injured worker sustained a work related injury on 04/13/2002. The medical records provided indicate the diagnosis of Lumbago. Treatments have included unspecified pain medications. The medical records provided for review do not indicate a medical necessity for Zofran 8mg #30. The MTUS has no recommendation either for or against Zofran (Ondansetron). However, the Medscape recognizes it as being use for Chemotherapy-Induced Nausea and Vomiting; Postoperative Nausea & Vomiting; Radiation-Induced Nausea & Vomiting; Cholestatic Pruritus (Off-label); Rosacea (Off-label); and Hyperemesis Gravidarum. The records reviewed did not indicate the injured worker has any one of the above listed conditions, therefore, the request is not medically necessary.

Lidoderm patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57.

Decision rationale: The injured worker sustained a work related injury on 04/13/2002. The medical records provided indicate the diagnosis of Lumbago. Treatments have included unspecified pain medications. The medical records provided for review do not indicate a medical necessity for Lidoderm patch #60. The MTUS recommends against the use of topical analgesics (like Lidoderm patch) without having a documented evidence of lack of response to

either antidepressants or anticonvulsants, the recognized first line treatment agents for neuropathic pain. The medical records reviewed did not do not indicate there has been an unsuccessful treatment with the first line agents. Therefore, the request is not medically necessary.

Diazepam 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on 04/13/2002. The medical records provided indicate the diagnosis of Lumbago. Treatments have included unspecified pain medications. The medical records provided for review do not indicate a medical necessity for Diazepam 10mg #30. The report provided did not provide enough information for one to determine whether this medication is being used for the first time or whether it is a renewal. The MTUS recommends against the use of the benzodiazepines beyond 4 weeks due to the side effects and risk of dependence. The request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 04/13/2002. The medical records provided indicate the diagnosis of Lumbago. Treatments have included unspecified pain medications. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #60. The injured worker is less than 65 years of age, there is no record indicating the injured worker is on NSAIDs and/ or is suffering from a Gastro-intestinal disorder related to NSAIDs use; the records do not indicate the injured worker has a history of Peptic ulcer disease or on anticoagulants, and is being prescribed with NSAIDs. Therefore, the requested treatment is not medically necessary, since the injured worker did not meet the MTUS recommended guidelines in the use of proton pump inhibitors in the treatment of chronic pain.

Ultracin Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 04/13/2002. The medical records provided indicate the diagnosis of Lumbago. Treatments have included unspecified pain medications. The medical records provided for review do not indicate a medical necessity for Ultracin Cream. Ultracin Cream is a topical Analgesic containing Methyl Salicylate 28%, Menthol 8.8%, and Camphor 2.8%. Since the MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended, Ultracin Cream is not recommended. The camphor component is not recommended. The requested treatment is not medically necessary.

Podiatrist consult for RSD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition, Chapter 7, Independent Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: The injured worker sustained a work related injury on 04/13/2002. The medical records provided indicate the diagnosis of Lumbago. Treatments have included unspecified pain medications. The medical records provided for review do not indicate a medical necessity for Podiatrist consult for RSD. The Utilization review denial report stated the injured worker had already been referred to a Podiatrist for RSD and there was no additional reason given for the second request. Therefore, the request is not medically necessary, as this would amount to duplication of the same request.