

Case Number:	CM14-0142241		
Date Assigned:	09/10/2014	Date of Injury:	11/09/1999
Decision Date:	11/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57-year-old male who reported injury on 11/09/1999. The mechanism of injury was not provided. The injured worker underwent facet injections bilaterally at T6-7 and T7-8. The most recent injection was noted to be 02/28/2014. Prior therapies included chiropractic treatment, physical therapy, and aquatic therapy, as well a home exercise program and medications. The injured worker had medial branch blocks and facet joint injections. The documentation of 08/04/2014 revealed the injured worker's pain level had elevated in the past month. The injured worker indicated he had positive benefit from the prior injection. This was noted to be a second facet injection. The prior injection was 09/20/2013. The documentation indicated the injection on 02/28/2014 revealed the injection drastically improved the amount of time the injured worker was on his feet and the duration of sleep he was able to get. The injured worker was noted to be taking Norco 10/325 mg 4 per day. The medication decreased the pain by 25% and allowed him to increase his activity level. The injured worker was reporting fewer headaches, less upset stomach, less dizziness, and less benefit from the medication. The injured worker trialed Gabapentin; however, he had significant side effects including loss of balance and falling. The physical examination revealed the injured worker had minimal tenderness to palpation in the moderate thoracic facet region approximately at T6-7 and T7-8. Range of motion was limited by pain. The injured worker had range of motion of the thoracic spine that was decreased in all planes, especially with thoracic extension. The thoracic dermatomes were intact. The injured worker had 1+ pretibial pitting edema bilaterally. The injured worker was noted to have undergone a urine drug screen which was negative and the CURES report was consistent. The diagnoses included multilevel degenerative disc disease and facet arthropathy of the thoracic spine, as well as chronic superior endplate compression involving the T7 vertebral body. The treatment plan included physical therapy and an additional facet joint injection at

bilateral T6-7 and T7-8 facet joints. The documentation indicated this injection was extremely beneficial at decreasing the pain and allowing the injured worker to perform his activities of daily living including cooking for himself and sleeping through the night. The medication Norco 10/325 was prescribed for severe pain. The physician documented the preliminary urine drug screen was negative for all medications and it will be pending the final report to ensure proper medication usage. The injured worker was to return in 3 weeks. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker's medication decreased his pain by approximately 25%. However, there was a lack of documentation indicating objective functional benefit. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #90 is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker was CURES appropriate and as such, there a lack of documentation of issues of abuse, addiction, or poor pain control. Given the above, the request for urine drug screen is not medically necessary.

FACET JOINT INJECTION BILATERAL T6-7 AND T7-8: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that therapeutic facet injections are not recommended for acute, subacute, or chronic low back pain. The clinical documentation submitted for review indicated the injured worker had undergone previous injections and got tremendous relief and got objective functional improvement. However, there was a lack of documentation of objective decrease in medication and an objective decrease in pain and objective functional benefit. Given the above, the request for facet joint injection bilateral T6-7 and T7-8 is not medically necessary.

FOLLOW UP IN THREE WEEKS: 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)

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 Chapter, Office Visit

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized and is based upon the review of the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, and may be based on some medications. The clinical documentation submitted for review indicated the injured worker was being seen by the physician and had medications which would support the necessity for a repeat evaluation. However, the request as submitted failed to indicate the type of physician to be followed up with in 3 weeks. Given the above, the request for followup in 3 weeks is not medically necessary.