

Case Number:	CM14-0165592		
Date Assigned:	10/10/2014	Date of Injury:	09/10/2009
Decision Date:	11/12/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 56-year-old male who reported an injury on 09/10/2009 while working as a caregiver; he moved a heavy patient and injured his low back. Diagnoses were: degenerative disc disease, lumbar; thoracic/lumbosacral neuritis/radiculitis, unspecified; and lumbago. Past treatments were medications, physical therapy, chiropractic sessions and cortisone injections. The physical examination dated 09/12/2014 revealed complaints of chronic, severe low back pain that radiated down the legs. Diagnostic studies of an MRI of the lumbar spine without contrast revealed at the L4-5 there was mild to moderate bilateral facet arthropathy, mild hypertrophy of the ligamentum flavum, congenitally short pedicles, and a tiny central disc protrusion. There was narrowing of the lateral recess bilaterally with contact and likely mild compression of the traversing L5 nerve roots, left greater than right. There was minimal central canal stenosis. The foramina remained patent. The injured worker reported that without his medication he was unable to perform ADLs. The injured worker reported that the average pain without medications was a 10/10; with medications an 8/10. Today the pain was rated a 9/10. The medications were reported to keep the injured worker functional, allowing for increased mobility, and tolerance of ADLs and home exercises. Examination of the lumbar spine revealed tenderness to palpation, tenderness to the paraspinals. Straight leg raise sitting was positive on the right, and positive on the left. There was no paraspinal spasm noted. There was generalized weakness. No evidence for sensory loss. Deep tendon reflexes in the upper and lower extremities were normal bilaterally. The treatment plan was for a medial branch block at the L3-4 dorsal ramus and medications as directed. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block L3 L4 dorsal ramus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute and Chronic) Chapter

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, Facet Joint Diagnostic Blocks (injections)

Decision rationale: The decision for Medial branch block L3 L4 dorsal ramus is not medically necessary. The Official Disability Guidelines state that facet joint medial branch blocks are not recommended except as a diagnostic tool. Minimal evidence for treatment. Criteria for the use of a diagnostic block for facet mediated pain is 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. The pain response should last at least 2 hours for Lidocaine. This procedure is limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. No pain medication from home should be taken for at least 4 hours prior to the procedure. Opioids should not be given as a sedative during the procedure. The medical guidelines state that this medial branch block is recommended for patients that have non radicular symptoms. The injured worker had a positive sitting straight leg raise bilateral of the lower extremities. There was a neurological deficit of generalized weakness. Due to the presence of radicular symptoms, this request is not medically necessary.

Retrospective request for Prilosec 20mg, one by mouth every 12 hours as needed for medication induced heartburn, # 30 3 refills (Prescribed on 9/12/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Retrospective request for Prilosec 20 mg, one by mouth every 12 hours as needed for medication induced heartburn, #30 3 refills (Prescribed on 9/12/14): is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Although the diagnosis was not

reported to support the request for Prilosec 20mg one by mouth every 12 hours as needed, the actual request does indicate a medical necessity of medication induced heartburn. The lack of documentation in the clinical note detailing the diagnosis and efficacy of the medication was not provided. Therefore, this request is not medically necessary.

Retrospective request for Gabapentin 300 mg caps, # 60, with three refills, prescribed on 9/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

Decision rationale: The decision for retrospective request for gabapentin 300 mg caps, # 60, with three refills, prescribed on 9/12/14 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The clinical documentation submitted for review does provide evidence that the injured worker is getting objective functional improvement from this medication. It was reported that the medications prescribed were keeping the injured worker functional, allowing for increased mobility, and tolerance of ADLs and home exercise. The VAS was reported with medications, without medications and the current pain level. Although the injured worker has reported pain relief and functional improvement from this medication, the provider did not indicate a frequency for the medication. Therefore, this request 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) Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction.

Decision rationale: The decision for urine drug screen is not medically necessary. The California Medical Treatment Utilization Schedule states the criteria used to define serious substance misuse in a multidisciplinary pain management program are: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse), (b) procurement of opioids from more than 1 provider on a regular basis, (c) diversion of opioids, (d) urine toxicology screen negative for prescribed drugs on at least 2 occasions (an indicator of possible diversion), and (e) urine toxicology screen positive on at least 2 occasions for opioids not routinely prescribed. None of the above criteria were reported for the injured worker. There was no documentation of issues of abuse, addiction, or poor pain control. Therefore, this request is not medically necessary.

