

Case Number:	CM14-0212130		
Date Assigned:	01/02/2015	Date of Injury:	01/20/2009
Decision Date:	03/04/2015	UR Denial Date:	12/14/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57-year-old male presenting with a work-related injury on January 20, 2009. On November 26, 2014 the patient reported right lower back and right buttock pain, especially with twisting to the right side. The pain was associated with numbness in the right buttock. The patient reported that medications gave him some relief. The physical exam patient with positive right lumbar/sacral facet maneuver, decreased lumbar range of motion by 10% in all planes and decreased sensation right buttock. The patient was diagnosed with myofascial pain syndrome, lumbar strain and status post lumbar spine surgery in 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Medial Branch Block for right L3, L4, L5, and S1: 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) Facet Joint Blocks (injections)

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 Pain Chapter, Treatment Consideration: Lumbar Medial Branch Block.

Decision rationale: One Medial Branch Block for right L3, L4, L5, and S1 is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedures anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the plan injection level. The physical exam did indicate facet pain; however there was indication of radicular pain both subjectively and objectively. Additionally, the patient had a history of lumbar spine surgery; therefore the requested procedure is not medically necessary.

One prescription of Mentherm Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: One prescription of Mentherm Gel is not medically necessary. Mentherm is compounded with Menthol and Methyl Salicylate. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Per CA MTUS page 111 states that topical analgesics such as Methyl Salicylate, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic

imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Menthol for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.

One prescription of Voltaren XR 100 mg: Upheld

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

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

Decision rationale: Voltaren XR 100mg is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on anti-inflammatory medication. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

One prescription of Naproxen 550 mg # 180 with two refills: 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: One prescription of Naproxen 550 mg # 180 with two refills is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on anti-inflammatory medication. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.