MAXIMUS Federal Services

Case Number:	CM14-0212518		
Date Assigned:	01/02/2015	Date of Injury:	11/01/2000
Decision Date:	02/28/2015	UR Denial Date:	11/27/2014
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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year old male with date of injury 11/1/00. The treating physician report dated 11/11/14 (24) indicates that the patient presents with chronic low back pain. The patient states the back pain is increased in the left low back, left lumbosacral region of new onset with continued moderate pain in right lumbosacral and some moderate pain down left leg. The physical examination findings reveal the patient's pain rated 7/10, reduced Achilles reflexes, mildly reduced motor strength at right tibialis and EHL, hypoalgesia right L5-S1, reduced lumbar motion, heel walking caused pain in back. Prior treatment history includes medications, Left L5-S1 semihemilaminotomy, PLIF fusion at L5-S1, Right lumbar transforaminal blocks at L4-5 and L5-S1. No MRI findings are included in the clinical history provided however the treating physician's report dated 11/11/14 notes the patient's last MRI scan was on 4/4/13 which showed stenosis at L5-S1. The current diagnoses are: Recurrent Right L5 and S1 Radiculitis, Right Sciatica, Mild- Prior Lumbar Fusion (10/30/02), Degenerative Disc Disease, L5-S1. The utilization review report dated 11/27/14 denied the request for Transforaminal blocks at bilateral L5-S1 and denied the request for Percocet 3/325mg # 120 and modified the request for Diazepam 5mg # 60 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal blocks at bilateral L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The patient presents with chronic low back pain. The current request is for Transforaminal blocks at bilateral L5-S1. The treating physician report dated 11/11/14 (24) states, "Patient has new onset, left Lumbosacral pain; continues with moderate right lumbosacral pain with no change, but with some very mild residual radiculopathy. ... Recommend he undergo a trial of lumbosacral blocks at L5-S1. His last blocks were in January, 2014." MTUS Guidelines for the use of Epidural steroid injections state, " In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, the clinical records do not document objective improvement, pain reduction or functional gains nor a reduction of medication use for six to eight weeks. Recommendation is that the request is not medically necessary.

Percocet 3/325mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with chronic low back pain. The current request is for Percocet 3/325mg # 120. The treating physician report dated 11/11/14 (24) states, "Patient has new onset, left Lumbosacral pain; continues with moderate right lumbosacral pain with no change, but with some very mild residual radiculopathy." MTUS guidelines recommend Percocet for severe pain. MTUS requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no documentation of any of the requirements that are outlined in the MTUS guidelines. It is noted, that the patient has been weaning from Percocet as noted in the 4/4/14 and 7/28/14 utilization review reports and thus several months have lapsed during the utilization review weaning process. Recommendation is that the request is not medically necessary.

Diazepam 5mg # 60: 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 patient presents with chronic low back pain. The current request is for Diazepam 5mg # 60. The Utilization Review Report dated 11/27/14 modified the request to a count of #24 rather than 60. The treating physician report dated 11/11/14 (24) states, "Patient has new onset, left Lumbosacral pain; continues with moderate right lumbosacral pain with no change, but with some very mild residual radiculopathy." Diazepam is a benzodiazepine. It affects chemicals in the brain that may become unbalanced and cause anxiety. Diazepam is used to treat anxiety disorders, alcohol withdrawal symptoms, or muscle spasms. MTUS states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case the clinical records document that the patient has been using Diazepam since at least 01/13. In this case, the time of use of the medication far exceeds what is recommended by MTUS. Recommendation is that the request is not medically necessary.