

Case Number:	CM14-0032902		
Date Assigned:	06/20/2014	Date of Injury:	11/14/2002
Decision Date:	03/23/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a patient with a date of injury of 11/14/02. A medical report dated on 3/13/14 identifies left lower lumbar pain with radiation to left hip and buttock. Diagnostic lumbar medial branch blocks were denied. Conservative management includes water therapy and medications. Right lumbar and cervical radiofrequency have lower pain and improved function, mobility, and mood, as well as decreased pain medication use. On exam, there is minimal tenderness over cervical facet joints, positive right sided facet column tenderness in the lumbar spine with positive right-sided pain with extension/rotation and mild tenderness over the right sacroiliac (SI) joint. The patient's straight-leg-raise (SLR) is negative and neurological exam is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side of lumbar Medial Branch Block at L4-5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300, 309.

Decision rationale: Regarding the request for lumbar medial branch blocks, the CA MTUS Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. The ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, the patient is noted to have localized pain in the area of the facets, a normal sensory exam, no radicular symptoms/findings, failure of conservative treatment, and a history of improved pain, functional improvement, and decreased medication use after treatment of the facets on the opposite. In light of the above, the currently requested lumbar medial branch blocks are medically necessary.

Prescription of Percocet (Oxycodone/Acetaminophen) 10/325mg #80: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for Percocet, the CA MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet is not medically necessary.

Prescription of Temazepam 15mg, at bedtime #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for Temazepam, the MTUS Chronic Pain Medical Treatment Guidelines state the 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." Within the documentation available for review, there is no documentation of efficacy of the medication to date and a rationale for use beyond the recommendations of the CA

MTUS. In the absence of clarity regarding those issues, the currently requested Temazepam is not medically necessary.

Prescription of Cymbalta 60mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Cymbalta, the CA MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no objective findings that would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Cymbalta is not medically necessary.

Prescription of Celebrex 200mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for Celebrex, the California MTUS states that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of gastrointestinal (GI) complications, but not for the majority of patients. Within the documentation available for review, there is no documentation of an increased risk of GI complications or another rationale for the use of Celebrex rather than a typical nonsteroidal anti-inflammatory drug (NSAID). In the absence of such documentation, the currently requested Celebrex is not medically necessary.

Prescription of Flexeril (cyclobenzaprine) 10mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for Flexeril, the MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the Flexeril. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In light of the above issues, the currently requested Flexeril is not medically necessary.

Prescription of Ultram ER 300mg, tab extended release, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for Ultram ER, the MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram ER is not medically necessary.