

Case Number:	CM15-0101968		
Date Assigned:	06/04/2015	Date of Injury:	01/23/2009
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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

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 51 year old male, who sustained an industrial injury on 1/23/2009. He reported a low back injury due to a motor vehicle accident. Diagnoses have included post laminectomy syndrome, lumbar spondylosis, lumbosacral spondylosis without myelopathy and lumbar radiculopathy. Treatment to date has included surgery, spinal cord stimulator, trigger point injections and medication. According to the progress report dated 4/27/2015, the injured worker complained of pain in both legs and lower back. He stated that the spinal cord stimulator was not being used due to it only helping his legs and not his back. He rated his least pain as 6/10, his worst pain as 10/10 and his current pain as 7/10. Palpation of the lumbar facet revealed pain on both sides at the L3-S1 region. Palpable twitch positive trigger points were noted in the lumbar paraspinous muscles. The injured worker's gait was antalgic. There was pain noted with lumbar extension and with right lateral flexion. Authorization was requested for Oxycodone and bilateral facet blocks at L3-L4, L4-L5 with fluoroscopy and monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg one tablet QID prn for 30 days #120: Upheld

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

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycodone 10mg one tablet QID prn for 30 days #120 is not medically necessary and appropriate.

Bilateral Lumbar Facet block at L3-L4, L4-L5 with fluoroscopy and Monitored anesthesia care: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in-patient who may exhibit radicular symptoms as in this injured worker with leg pain complaints with spinal cord stimulator treatment for radiating leg symptoms. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral Lumbar Facet block at L3-L4, L4-L5 with fluoroscopy and Monitored anesthesia care is not medically necessary and appropriate.

