

Case Number:	CM15-0019538		
Date Assigned:	02/09/2015	Date of Injury:	02/17/2006
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 73 year old male, who sustained an industrial injury on 2/17/06. He has reported right knee injury while making a delivery as driver unloading 40 pound boxes of meat. The diagnoses have included chronic pain, lumbar disc degeneration, lumbar facet arthropathy, osteoarthritis of left ankle and bilateral knees. Treatment to date has included medications, diagnostics, surgery and physical therapy. Surgery has included right knee arthroscopy 10/06 and right total knee 4/09. Currently, the injured worker complains of constant low back pain accompanied by numbness and aggravated by activity and bending. There is also pain in the right knee which is sharp and severe and aggravated by activity. The pain is rated 3/10 with medication and 7/10 without medication. The pain has recently worsened. Physical exam of the lumbar region revealed tenderness on palpation in the spinal area and increased pain with flexion and extension. Treatment recommendation was for lumbar facet joint injections and medications. Work status was retired. On 1/13/15 Utilization Review modified a request for Tramadol 50mg #60 modified to Tramadol 50mg #40 for weaning. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 1/13/15 Utilization Review non-certified a request for Bilateral L4-S1 facet joint injection, noting the injured worker does not meet the guideline criteria and evidence is conflicting as to the benefit of the procedure. The (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for several months. In August 2014, the physician stated the claimant only needed Tramadol and not a combination of Tramadol and Ibuprofen. There is no indication of pain response to Ibuprofen or Tylenol alone. In addition, Tylenol and NSAIDs are 1st line treatment for knee pain. The continued use of Tramadol as above is not medically necessary.

Bilateral L4-S1 facet joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Low Back- Lumbar & Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back pain

Decision rationale: According to the guidelines, facet joint blocks are recommended for no more than one medial branch block prior to a facet neurotomy. The physician ordered the block for diagnostic purposes prior to a neurotomy. Criteria for the block is as follows: In this case, there was only painful flexion and extension of the back. The straight leg raise test was negative. No neurological abnormalities were cited. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a 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

logs to support subjective reports of better pain control.10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. Based on the clinical history of persistent non-radicular pain, a facet block is appropriate and medically necessary.