MAXIMUS Federal Services

Case Number:	CM15-0121454		
Date Assigned:	07/01/2015	Date of Injury:	11/04/2010
Decision Date:	08/25/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
Certification(s)/Specialty: Emergency Medicine

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 39 year old female, who sustained an industrial injury on 11/04/2010. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having adhesive capsulitis of shoulder, thoracic spondylosis, cervical spondylosis, carpal tunnel syndrome, and wrist enthesopathy. Past treatment and diagnostic tests are not included in the documentation. The IW has had consistent urine drug screen and takes medications. In a progress note dated 05/12/2015, the injured worker presented with complaints of neck, back, and right shoulder pain with her pain ranging from 4 to 5 out of 10 on the pain scale. Objective findings include tenderness over the thoracic facet joints with restricted thoracic spine range of motion, cervical spine tenderness with reduced range of motion, and right shoulder with positive impingement. The treating physician reported requesting authorization for bilateral facet thoracic joint injections, LidoPro ointment, Ativan, and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet thoracic joint injection T4-5 & T5-6 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Medial Branch Blocks.

Decision rationale: According to CA MTUS American College of Occupational and Environmental Medicine (ACOEM) Low Back Complaints, "invasive techniques (e.g. local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit" and are "not-recommended". Official Disability Guidelines (ODG) state "facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool, minimal evidence for treatment". The reviewed medical records stated the facet joint injection was for pain relief and not as a diagnostic tool. Since the request for bilateral facet joint injections are not supported by ACOEM or ODG Guidelines, it is not medically necessary.

Lidopro 4.5%/0.0325%/10% topical ointment dispense 2 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per California MTUS Chronic Pain Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed". California MTUS also states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Any topical agent with lidocaine is not recommended if it is not Lidoderm. LidoPro contains lidocaine, capsaicin, menthol, and methyl-salicylate. Therefore, based on the Guidelines and the submitted records, the request for Terocin is not medically necessary.

Ativan 1mg tablet, dispense 28 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit use to 4 weeks". This injured worker was prescribed a benzodiazepine on 01/12/2015 which is much longer than the recommended 4 weeks as suggested by MTUS. Therefore, based on the Guidelines and the submitted records, the request for Ativan is not medically necessary.

Oxycodone 15mg tablet, dispense 112 tablets: 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): 76-82.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term use unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Oxycodone is not medically necessary.