

Case Number:	CM15-0144288		
Date Assigned:	09/01/2015	Date of Injury:	11/11/2003
Decision Date:	10/19/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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: Internal 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 52 year old male injured worker suffered an industrial injury on 11-11-2003. The diagnoses included shoulder pain, elbow pain, wrist pain, cervical radiculopathy, cervical disc disorder, low back pain and lumbar facet syndrome. The treatment included medications, epidural steroid injections, lumbar nerve blocks, and chiropractic therapy, and radiofrequency neurotomy. The diagnostics included electromyographic studies-nerve conduction velocity studies, left shoulder magnetic resonance imaging, right shoulder x-rays, cervical and lumbar spine magnetic resonance imaging. On 7-6-2015 the treating provider reported the pain level had increased since last visit. The lower back pain reported as 8.5 out of 10 with medication and bilateral shoulder pain rated 7.5 out of 10. On exam the cervical spine had limited range of motion with tenderness. The lumbar pain had limited range of motion with spasms and tenderness, the shoulders had limited range of motion with tenderness. The request for medial branch blocks was diagnostic and if excellent, but temporary relief was noted will proceed with subsequent radiofrequency ablation. With medication the injured worker was able to lift 20 lbs., walk 10 blocks, sit 90 minutes and stand 60 minutes along with ability to do household chores, and self-care for 45 minutes at a time. The injured worker had not returned to work. Urine drug screen were appropriate. The requested treatments included Left L3, L4, L5 and S1 medial branch block, Dilaudid 4mg quantity 120, Soma and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation fails to demonstrate objective evidence of adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. The request for Dilaudid 4mg quantity 120 is not medically necessary by MTUS.

Left L3, L4, L5 and S1 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic, Acute and Chronic, Facet Joint Injections.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint medical branch blocks, diagnostic.

Decision rationale: Facet blocks are recommended in patients with low-back pain that is non-radicular, at no more than two levels bilaterally, if there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Clinical presentation should be consistent with facet joint pain, signs & symptoms. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. MTUS recommends no more than one set of medial branch diagnostic blocks with a response of 70% prior to facet neurotomy, if neurotomy is chosen as an option for treatment. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). Documentation shows that the injured worker has undergone previous Left L3-S1 medial branch block twice with subsequent radiofrequency neurotomy on 4/19/10. The medical necessity for repeat diagnostic medial branch block has not been established. Per MTUS guidelines, the request for Left L3, L4, L5 and S1 medial branch block is not medically necessary.

Soma 350mg quantity 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate significant improvement in the injured worker's pain with the use of Soma. The medical necessity for ongoing use of this medication has not been established. The request for Soma 350mg quantity 45 is not medically necessary per MTUS guidelines.

Klonopin 0.5mg quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Klonopin (Clonazepam) is a Benzodiazepine used in the treatment of Seizures and Panic disorder. Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Klonopin 0.5mg quantity 10 is not medically necessary by MTUS.