

Case Number:	CM15-0170394		
Date Assigned:	09/10/2015	Date of Injury:	12/23/2009
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/28/2015

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 53 year old female, who sustained an industrial-work injury on 12-23-09. She reported initial complaints of back, right upper extremity, and right knee pain. The injured worker was diagnosed as having right T2-5 facet joint pain and arthropathy, chronic right knee pain, right upper extremity pain, central disc protrusion at C6-7, central disc extrusion at T7-8, thoracic stenosis and degenerative disc disease, thoracic facet joint pain, chondral defect of right patella, mild chondromalacia of the right femoral trochlea, GERD (gastroesophageal reflux disease) and gastritis. Treatment to date has included medication. Currently, the injured worker complains of right knee pain, right upper extremity pain, and mid-upper back pain with numbness and paresthesias to the 4th and 5th digits of the right hand. Medications include Pennsaid and Duexis. Per the primary physician's progress report (PR-2) on 8-5-15, exam reveals ongoing restricted knee range of motion in all directions, thoracic spinal muscle tenderness with painful extension more than flexion, right elbow and ulnar tenderness, decreased sensation to light touch at T7-8 dermatomes, and right hand, positive right knee, upper extremity, thoracic, cervical discogenic provocative maneuvers. The PR-2 dated 7-20-15 notes the medication Duexia provides 40% decrease of the inflammatory pain and improvement in ADL's (activities of daily living) with no gastrointestinal symptoms. Also, there is no aberrant behavior with this medication. Current plan of care includes right knee physical therapy, facet joint medial branch block, medication, and follow up. The Request for Authorization date was 8-5-15 and requested service included Fluoroscopically guided diagnostic Right T2-T3, T3-T4, and T4-T5 Facet Joint Medial Branch Block and 90 Duexis 800mg with 2 refills. The Utilization Review on 8-12-15 denied the request for medical necessity for injections to the region specified. Regarding Duexis, it is not recommended, per guidelines, as the first line

drug along with availability of over the counter (OTC) medications to reduce stomach ulcers or irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic Right T2-T3, T3-T4, and T4-T5 Facet Joint

Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter under Facet joint diagnostic blocks (injections).

Decision rationale: The 53 year old patient complains of right knee pain, right upper extremity pain, and mid-upper back pain with numbness and paraesthesias to the 4th and 5th digits of the right hand, as per progress report dated 07/20/15. The request is for Fluoroscopically guided diagnostic right T2-T3, T3-T4, and T4-T5 facet joint medial branch block. The RFA for this case is dated 08/05/15, and the patient's date of injury is 12/23/09. Diagnoses, as per progress report dated 07/20/15, included right T2-3, T3-4 and T4-5 facet joint pain and facet joint arthropathy; chronic right knee pain; right upper extremity pain; C6-7 central disc protrusion; T7-8 central disc protrusion; thoracic stenosis; thoracic degenerative disc disease; thoracic facet joint pain; and chondral defect of right patella and mild chondromalacia of the right femoral trochlea. Current medications include Pennsaid and Duexis. The patient is temporarily totally disabled, as per the same progress report. ODG Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter under Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "... there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." In this case, progress reports provided do not indicate that this patient has undergone any thoracic medial branch blocks to date. There is no evidence that this patient has undergone any fusions at these levels to date, either. The treater documents facet joint pain at the requested levels along with the failure of conservative treatments to date. In progress report dated 07/20/15, the treater states that they did not receive a response for their 02/13/15 RFA which included a request for MBB. The treater also states "UR is defective as it has clearly exceeded the 5 days for rendering a decision". In progress report dated 05/18/15, the treater states that the MBB will help "evaluate for the presence of right thoracic facet joint pain as the reason for the patient's right thoracic back pain symptoms". As per the report, the patient has failed conservative care, and physical examination revealed more painful thoracic extension when compared to flexion and tenderness to palpation of paraspinal muscles over right T2-3, T3-4 and T4-5. The treater states that they will proceed with radiofrequency ablation if the medical

branch block produces the desired results. An MRI of the thoracic spine, dated 01/14/10, revealed central disc protrusion leading to moderate effacement of the anterior thecal sac at T7-8. Careful reading of the ODG would show that facet joint evaluations are recommended for neck and low back pain only. On both of the chapters for Neck and upper back, as well as Lumbar and Thoracic spine, facet joint diagnostic evaluations are recommended for neck and low back pain only. There is lack of support for any evaluation of the thoracic spine facet joints. Furthermore, the treater has asked for 3 level diagnostic, and ODG does not support more than 2 levels. The request is not medically necessary.

90 Duexis 800mg with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The 53 year old patient complains of right knee pain, right upper extremity pain, and mid-upper back pain with numbness and paraesthesias to the 4th and 5th digits of the right hand, as per progress report dated 07/20/15. The request is for 90 Duexis 800mg with 2 refills. The RFA for this case is dated 08/05/15, and the patient's date of injury is 12/23/09. Diagnoses, as per progress report dated 07/20/15, included right T2-3, T3-4 and T4-5 facet joint pain and facet joint arthropathy; chronic right knee pain; right upper extremity pain; C6-7 central disc protrusion; T7-8 central disc protrusion; thoracic stenosis; thoracic degenerative disc disease; thoracic facet joint pain; and chondral defect of right patella and mild chondromalacia of the right femoral trochlea. Current medications include Pennsaid and Duexis. The patient is temporarily totally disabled, as per the same progress report. Duexis is an Ibuprofen and famotidine combination is used to relieve the symptoms of rheumatoid arthritis and osteoarthritis. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Duexis is first noted in progress report dated 06/02/14. It appears that the patient is taking the medication consistently since then. As per progress report dated 07/20/15, the patient has a history of gastritis and GERD. The report states that Duexis "provided 40% decrease of the patient's inflammatory pain with 40% improvement of the patient's activities of daily living, such as self-care and dressing, with no gastrointestinal symptoms." The patient's Oswestry disability score is 20 (40% disability) with Duexis and 31 (62% disability) without the medication. In progress report dated 08/31/15 (after the UR denial date), the treater states that the patient has failed first line NSAIDs such as Naproxen and Ibuprofen due to GI upset, nausea and emesis. Given the efficacy of the medication and the patient's history of GI symptoms, the request appears reasonable and is medically necessary.

