

Case Number:	CM15-0176618		
Date Assigned:	09/17/2015	Date of Injury:	11/24/2010
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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: Anesthesiology

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 46 year old male, who sustained an industrial injury on 11-24-2010. He reported injuries to the neck, abdomen and low back from heavy lifting and cumulative trauma type injuries. Diagnoses include lumbar discogenic disease, chronic low back pain, status post lumbar fusion, symptomatic hardware lumbar spine, and chronic cervical spine strain-sprain, and herniated nucleus pulposus in cervical and lumbar spines. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of increasing pain in the neck and low back. The pain was rated 9 out of 10 VAS without medications and 5 out of 10 VAS with medication. It was documented increased tolerance to walking, exercising and sitting with medication. On 7-30-15, the physical examination documented decreased and painful lumbar range of motion, with tenderness over the hardware. The straight leg raise and Lasegue's tests were positive bilaterally. There was decreased sensation to bilateral lower extremities. The cervical spine was tender with spasms, decreased range of motion and facet tenderness. There was decreased sensation to bilateral upper extremities. The Axial compression test was positive. The plan of care included refilling prescription for Norco and Restoril as previously prescribed and therapeutic injections. The appeal requested authorization for Norco 10-325mg #180; Restoril 30mg #30; bilateral facet block to C5-C7; and lumbar hardware block. The Utilization Review dated 8-27-15, denied the bilateral facet blocks and lumbar hardware block, and modified the Norco and Restoril to allow for weaning per California MTUS Guidelines and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Restoril 30mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There are no guideline criteria that support the long-term use of benzodiazepines for sleep disturbances. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Bilateral C5-7 facet block: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical Facet Injections.

Decision rationale: According to the ODG, cervical facet injections are limited to chronic cervical pain that is non-radicular in nature. There should not be a history of spinal stenosis or previous fusion. There should be documentation of the failure of conservative measures prior to the procedure for at least 4-6 weeks. No more than 2 levels should be injected at any one time. There should also be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there is evidence of cervical radiculopathy. There is no specific indication for the requested service at this time. Medical necessity for the requested injections has not been established. The requested facet joint injections are not medically necessary.

Lumbar hardware 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, Lumbar Chapter (Online Version) Hardware injection.

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, Hardware injection (block).

Decision rationale: According to the ODG, a lumbar hardware injection (block) is recommended only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. However, if the patient reports a decrease in pain, then it is concluded that the hardware is contributing to the pain. But there is no level 1 evidence-based study that concludes that there is a high correlation of good outcomes with patients who have favorable responses to hardware blocks. In this case, the injured worker has continued low back pain over the surgical hardware, status post lumbar fusion. Recommendations were made for the patient to undergo a CT of the lumbar spine to evaluate for evidence of a solid fusion, but there is no documentation that this was done. Since a CT scan of the lumbar spine has not been completed to confirm a solid fusion, a hardware block in consideration for hardware removal is not medically necessary. The request for a lumbar hardware block is not medically necessary.