MAXIMUS Federal Services

Case Number:	CM15-0039260		
Date Assigned:	03/09/2015	Date of Injury:	06/03/1998
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 40-year-old female, who sustained an industrial injury on 06/03/1998. On provider visit dated 01/12/2015 the injured worker has reported low back pain and right hip pain. On examination of lumbar spine was noted to have tenderness of paravertebral muscles, spinous process and facet joints with a decreased range of motion and a positive lumbar facet loading was noted. The diagnoses have included lumbosacral spondylosis without myelopathy, myalgia and myositis not otherwise specified, post laminectomy fusion syndrome of lumbar region and lumbar radiculopathy. The 2014 CT of the lumbar spine showed intact 5-S1 fusion hardware, spinal cord stimulator device, multilevel degenerative disease and facet arthropathy. The IW was noted to be on long-term use of the pain medications. Treatment to date has included chiropractic treatment, physical therapy, lumbar facet and epidural injections, spinal cord stimulator implantation and medications. The medications listed are Ultram, Gralise, Celebrex and Flector patch. The UDS dated 6/10/2014 was consistent with prescribed Ultram but the medication was not detected on 1/12/2015.A Utilization Review determination was rendered recommending non certification for bilateral L3,L4,L5 medial branch block, Ultram 50mg #60 and Gralise ER 600mg #120

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 medial branch block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedure can be utilized for the treatment of low back pain when conservative treatments with medications and PT have failed. The records indicate that the patient have completed medications and physical therapy treatments. There is a history of significant response following previous lumbar facet procedures. The subjective, objective and radiological findings are consistent with lumbar facet pain syndrome. The criteria for bilateral lumbar L3, 4, 5 facet median branch blocks was met.

Ultram 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84, 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for treatment of severe musculoskeletal pain. The chronic use of opioids can be associated with the development of tolerance, sedation, dependency, addiction and adverse interaction with sedative medications. The use of Ultram is associated with less opioids associated adverse effects than pure opioid agonists. The records show documentation of the guidelines required compliance monitoring and functional restoration. There is no documentation of adverse effects or aberrant behavior. The criteria for the use of Ultram 50mg #60 was met.

Gralise ER 600mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic and chronic pain syndrome. The use of

anticonvulsants is associated with reduction in pain, mood stabilization and reduction in opioids utilization. The records indicate that the patient reported pain relief and functional restoration with the use of Gralise. There is no documentation of non-compliance or adverse medication effects. The criteria for the use of Gralise ER 600mg #120 was met.