

Case Number:	CM15-0049466		
Date Assigned:	03/23/2015	Date of Injury:	03/06/2000
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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 52-year-old male with a reported date of injury on 03/06/2000. The mechanism of injury is not provided for review. The injured worker is currently being treated for lumbar facet syndrome, lumbar degenerative disc disease, and low back pain. The injured worker's treatment to date includes trigger point injections, epidural steroid injection, and facet joint injections. It was also noted that the injured worker was being treated with medication, to include Daypro, gabapentin, Norco that has been prescribed since at least 09/10/2009. An MRI of the lumbar spine performed on 09/17/2014 was noted to reveal multilevel degenerative disc disease with small disc bulges and annular tears; mild neural foraminal narrowings at L3-4 and L5-S1 levels; and scattered joint facet arthropathy, which is more prominent at the lower levels. A urine toxicology from 11/15/2012 was inconsistent for Norco. The most recent clinical note dated 02/17/2015 indicated that the injured worker was being seen for chief complaint of low back pain rated 4/10 with medications and 6/10 without. It was noted at the time that the injured worker was not trying any other therapies for pain relief and that the medications were "less effective." The injured worker was noted to have underwent a medial branch block at unknown level on 02/03/2015, which was noted to provide greater than 65% pain relief, and allowed the injured worker to increase activity and decrease overall use in medication. On physical examination, the injured worker ambulated without a device and had a gait that was normal. Examination of the lumbar spine demonstrated decreased range of motion. There was tenderness to the left paravertebral musculature, as well as tenderness over the spinous process at L3, L4, and L5. Lumbar facet loading was positive on the left side. Muscle strength testing demonstrated 5/5 muscular strength to the right lower extremity as compared to 4/5 on the left. Sensory examination was also noted to demonstrate decreased sensation to light touch over the L5 and S1

dermatomes to the left lower extremity. The treatment plan included medial branch block at L3, L4, L5, and S1 on the left, continuation of a TENS unit, as well as continuation of medications, to include Norco, Daypro, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Daypro 600 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to California MTUS Guidelines, nonsteroidal anti-inflammatory drugs may be recommended for the treatment of osteoarthritis and/or acute exacerbations of chronic low back pain. It remains unclear as to why the injured worker has been taking this medication since 09/10/2009 as there is lack of evidence that the injured worker has a diagnosis of osteoarthritis. Additionally, this medication is not intended to be used for long-term treatment but rather for treatment of acute exacerbations of chronic pain low back pain. There was lack of evidence within the documentation that the injured worker was having acute exacerbation of chronic pain or has had a recent increase in chronic low back pain. Additionally, it was noted within the documentation provided that the injured worker stated that the current medication regimen was less effective; it would not be appropriate to continue the same medication regimen if it is not effective. Therefore, the request for Daypro 600 mg #60 is not medically necessary.

Neurontin 300 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

Decision rationale: According to the California MTUS Guidelines, Neurontin may be recommended as a first line treatment option for neuropathic pain. While, there was evidence that the injured worker had neuropathic pain, the documentation provided indicated that the current medication regimen was becoming less effective. It would not be appropriate to continue the same medication regimen if it is not effective. Therefore, continuation of Neurontin 300 mg #60 is not medically necessary.

Norco 10/325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Opioids, criteria for use Page(s): 75, 78.

Decision rationale: According to the California MTUS Guidelines, Norco is indicated for the treatment of moderate to moderately severe pain. The guidelines continue to state that patients prescribed opioid medications should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, to include an adequate pain assessment, which should include current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief to occur, and how long pain relief lasts. Furthermore, the guidelines continue to state the use of drug screening should be utilized assess for issues of abuse, addiction, poor pain compliance, and appropriate medication use. Moreover, the guidelines state that patients prescribed opioid medications should have continuing review of overall situation with regard to nonopioid means of pain control. There is lack of evidence that the injured worker had a recent urine drug screen to test for issues of abuse, addiction, or poor pain control, as well as assess for appropriate medication use. The only urine drug screen mentioned within the documentation provided was from 11/15/2012 (over 2 years) which was noted to be inconsistent with Norco. Additionally, there is no review of the overall situation with regard to nonopioid means of pain control as it was noted that the injured worker was not trying any other therapies for pain relief. Therefore, the request for Norco 10/325 mg #150 is not medically necessary.

MBB left L3, L4, L5, S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: Guidelines, invasive techniques are of questionable merit. However, the Official Disability Guidelines state that medial branch blocks are currently recommended as a diagnostic tool to diagnose specific level of facet mediated pain. The use of medial branch blocks for therapeutic purposes is not currently recommended by guidelines. It was noted in the documentation provided that the injured worker underwent medial branch block on 02/2015 that resulted in significant pain relief. However, the use of medial branch blocks as a therapeutic treatment option is not currently recommended by guidelines. Therefore, the request for a medial branch block of the left L3, L4, L5, and S1 is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: According to the California MTUS Guidelines, transcutaneous electrical nerve stimulation is not currently recommended as a primary treatment modality but a 1 month home based TENS trial may be considered as a noninvasive conservative option to use as an adjunct to a program evidence based functional restoration. The guidelines continue to state that criteria for the use of TENS includes evidence that all the appropriate pain modalities have been tried and failed and that a treatment plan including the specific short and long term goals of treatment with a TENS unit should be submitted. Furthermore, the guidelines state that a 1 month

trial period of a TENS unit should be documented, to include how often the unit was used, as well as outcomes in terms of pain relief and function and other ongoing pain treatment should also be documented during the trial, including medication use. The documentation indicated that the physician was recommending continued use of a TENS unit as it provided significant relief in addition to the injured worker's current medication regimen. However, there is no documentation provided of a 1-month home trial being completed, to include documentation of how often the unit was used, as well as the outcomes in terms of pain relief, functional improvement, and decreased medication use. Additionally, there were no short and long-term goals of treatment provided for review. Furthermore, there is no documentation that during the trial period that medication was reduced. Moreover, this request remains unclear whether this is a purchase versus rental. Therefore, the request for TENS unit is not medically necessary.