

Case Number:	CM15-0075569		
Date Assigned:	04/27/2015	Date of Injury:	02/13/2013
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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 51 year old male, who sustained an industrial injury on 02/13/2013. On provider visit dated 03/18/2015 the injured worker has reported back pain, left pain, groin pain, and posterior neck pain. On examination of the lumbar spine was noted as tenderness to the midline and paraspinosus muscles. Positive straight leg raise was noted as well. Range of motion was noted as restricted. The diagnoses have included degeneration of lumbar intervertebral disc, osteoarthritis of spinal facet joint and lumbar radiculopathy. Treatment to date has included x-ray, MRI and medication. The provider requested Zorvolex 35mg #30 and bilateral facet injection at L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: Based on the 03/18/15 progress report provided by treating physician, the patient presents with pain to neck, back, groin, and left leg. The request is for Zorvolex 35MG #30. RFA dated 03/18/15 was provided. Patient's diagnosis on 03/18/15 included lumbar degenerative disc disease, osteoarthritis of spinal facet joint, lumbar radiculopathy, chronic neck pain and sacroiliac pain. Physical examination to the lumbar spine on 03/18/15 revealed tenderness to palpation to the midline and paraspinals, more on the left. Positive straight leg raise and Patrick's tests on the left. Treatment to date has included heat, ice, rest, gentle stretching, exercise, imaging studies and medications. Patient's medications include Zorvolex, Neurontin and Ultram. The patient is off work, per 01/08/15 AME report. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Zorvolex has been initiated on 10/29/14, per 03/18/15 progress report. Treater states "Chronic pain medication maintenance regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning. Chronic pain medication regimen and rest continue to keep pain within manageable level allowing patient to complete necessary activities of daily living." ODG supports Zorvolex/Diclofenac when other NSAIDs have failed and the patient is at a very low risk profile. Per 10/30/14 progress report, the patient is allergic to Mobic. While treater has documented benefit from current medication regimen, and patient has document trial of another NSAID, risk assessment has not been discussed to warrant continued use of this medication. Therefore, the request is not medically necessary.

Bilateral facet injection at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Based on the 03/18/15 progress report provided by treating physician, the patient presents with pain to back, groin, and left leg. The request is for bilateral facet injection at L4-5, L5-S1. RFA dated 03/18/15 was provided. Patient's diagnosis on 03/18/15 included lumbar degenerative disc disease, osteoarthritis of spinal facet joint, lumbar radiculopathy, and sacroiliac pain. Treatment to date has included heat, ice, rest, gentle stretching, exercise,

imaging studies and medications. Patient's medications include Zorvolex, Neurontin and Ultram. The patient is off work, per 01/08/15 AME report. ODG Guidelines, Low Back - Lumbar & Thoracic - Acute & Chronic- Chapter, 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." Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. Franklin, 2008" Per 03/18/15 progress report, treater states the patient "had a bilateral L4-5 L5-S1 facet block in April 2014 with 65% improvement lasting for 2-3 months." However, guidelines do not support therapeutic facet joint injections, and recommendation is "to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Furthermore, the patient presents with back and leg symptoms. Physical examination to the lumbar spine on 03/18/15 revealed tenderness to palpation to the midline and paraspinals, more on the left. Positive straight leg raise and Patrick's tests on the left. According to guidelines, facet joint evaluations or treatments are not recommended when radicular or neurologic findings are present. This request is not in line with ODG indications. Therefore, the request is not medically necessary.