

## Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0024352	<b>Date of Injury:</b>	12/05/2007
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/13/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED], M.D.		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 5, 2007.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; muscle relaxants; marijuana usage; and incisional hernia repair surgery.

In a Utilization Review Report, the claims administrator denied a request for medial branch blocks and partially certified prescriptions for Soma and Lyrica for weaning purposes. The applicant's attorney later appealed, on September 13, 2013.

In progress note of October 7, 2013, the applicant reports persistent low back and mid back pain with minimal to no relief following prior medial branch blocks. The applicant still has radiating pain at bilateral legs. He would like to nevertheless just continue with injection therapy, it is noted. The applicant states that Soma is not enough for pain relief. He reports 7-8/10 pain. He is off of work, "on disability." He is obese with a BMI of 32, it is noted. He exhibits a mildly antalgic gait with positive straight leg raising noted on the right. The applicant is given numerous medication refills, including OxyContin, Percocet, Soma, and Lyrica. He is now asked to pursue epidural steroid injection therapy in conjunction with medial branch blocks. An early note of August 6, 2013 is also notable for comments that the applicant is off of work. Different medications have been tried including Duexis, OxyContin, and Percocet. The applicant remains off of work. He reports 8-9/10 pain. Some of his medications, including Lyrica and Soma, are renewed.

## IMR DECISION(S) AND RATIONALE(S)

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

### **1. Medial branch block at L3, L4 and L5 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 12, Low Back Complaints, page 300, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pg. Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13), which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, facet joint injections are deemed to have questionable merit. There is no high quality literature supporting facet neurotomies, it is further noted. It further appears that the applicant has had prior facet joint blocks, and epidural steroid injections with minimal to no relief following completion of the same. Continued pursuit of facet joint blocks/medial branch block/facet neurotomies without evidence of functional improvement is not indicated. In this case, the applicant's failure to return to any form of work and continue usage of numerous analgesics and adjuvant medications demonstrate a clear lack of functional improvement as defined in MTUS 9792.20f. It is further noted that the current pursuit of facet joint blocks and epidural steroid injections imply the lack of diagnostic clarity. For all these results, then, the request is non-certified.

### **2. Soma 350mg #75 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 29, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma or carisoprodol is not recommended for chronic or long-term use purposes. In this case, the applicant is reportedly using Soma in conjunction with baclofen, Percocet, numerous other opioid and nonopioid analgesic and adjuvant medications. This combination is not endorsed, particularly in the face of the applicant's failure to demonstrate any functional improvement as defined in section 9792.20f. Therefore, the original Utilization Review decision is upheld. The request remains non-certified.

### **3. Lyrica 150mg #90 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

While Lyrica, per page 99 of the MTUS Chronic Pain Medical Treatment Guidelines is indicated in the treatment of neuropathic pain, diabetic neuropathy, post hepatic neuralgia, and fibromyalgia, in this case, as with the other drugs, the applicant has used this particular agent chronically and failed to demonstrate any material improvement following completion of the same. The fact that the applicant still remains off of work several years remote from the date of injury, and remains highly reliant on various medications and injection therapies implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request remains non-certified.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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