

Case Number:	CM14-0142880		
Date Assigned:	09/10/2014	Date of Injury:	05/19/2013
Decision Date:	10/06/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This 45-year-old male custody deputy sustained an industrial injury on 5/19/13. The mechanism of injury was not documented. The 10/18/13 left MRI documented retrolisthesis at L2/3 and L4/5 with no significant disc protrusion. The treating physician progress reports in April and May 2014 documented a 50% reduction in the pain complaint with current medications, including hydrocodone/APAP 5/325 mg one to three tablets per day and Ketoprofen cream. Medications reportedly allowed an increased level of function. The 6/18/14 treating physician report cited current complaints of grade 3/10 low back pain radiating into the right groin area and down his right leg to the toes. He also reported intermittent left leg pain down to his knees. Norco continued to provide pain relief and increased function. Aleve provided mild relief. The injured worker had attended 2 chiropractic sessions with mild temporary relief. Physical exam documented moderate loss of range of motion, intact lower extremity sensation, and 5-/5 right tibialis anterior and extensor hallucis longus weakness. Facet provocative testing was positive on the right greater than left with increased back pain. The diagnosis was lumbar radiculopathy and facet arthropathy. The treatment plan recommended diagnostic medial branch blocks on the right at L3/4 and L4/5 as the patient had failed extensive conservative measures. The 8/29/14 utilization review denied the request for hydrocodone/APAP as there was no guideline support for long-term use of opioid medication due to the risk of on-going psychological dependency with difficulty weaning. Prior recommendations for weaning were noted. The request for diagnostic medial branch blocks was denied as there was no evidence that the injured worker had exhausted all potential conservative treatment, radiculopathy was diagnosed, and there were documented neurologic abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 5/325 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list, Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have been met. Records document consistent 50% or greater reduction in pain with increased functional ability with the current use of hydrocodone/APAP at up to three tablets per day. The patient is able to work full time on light duty. Therefore, this request is medically necessary.

Diagnostic Medial Branch Block at right L3-L4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187-190. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections)

Decision rationale: The California ACOEM Revised Low Back guidelines state that diagnostic facet joint injections are not recommended for radicular pain syndrome. The Official Disability Guidelines provide specific criteria for diagnostic facet blocks that limit use to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment (including home exercise, physical therapy, and non-steroidal anti-inflammatory drugs) for at least 4 to 6 weeks prior to the procedure. Guideline criteria have not been met. This injured worker has a diagnosis of radiculopathy and current symptoms of radicular pain. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment for the lumbar spine had been tried and failed. Therefore, this request for bilateral medial branch block at L4/5 is not medically necessary.