

<b>Case Number:</b>	CM13-0013531		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 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 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:

The patient is 68-year-old who has submitted a claim for L5-S1 spondylolisthesis, status post lumbar fusion L5-S1 (2008); degenerative disc disease with facet arthropathy L3-4, L4-5 status post lumbar fusion L3-5 (4/2010); grade II anterolisthesis L5-S1 with resultant severe narrowing of the underlying disc space; severe bilateral neural foraminal narrowing L4-5; failed back syndrome; chronic pain syndrome; right L5 and S1 radiculopathy; left S1 radiculopathy associated from an industrial injury date of April 2, 2008. Medical records from 2013 were reviewed; the latest of which dated December 18, 2013 revealed that the patient's pain has escalated to an intolerable level with the reduction in his medications. His functional status has significantly deteriorated because of the reduced pain relief. On physical examination done last November 19, 2013, the patient is noted to be in moderate distress. There are no exaggerated pain behaviors. The patient ambulates with a slow antalgic gait. There is a well-healed surgical incision in the lumbar spine. There is tenderness and guarding in the lumbar paraspinal musculature. Range of motion of the lumbar spine is significantly decreased secondary to pain. Treatment to date has included stabilization of L5-S1 spondylolisthesis (2008), lumbar fusion L3-5 (April of 2010), bilateral si joint block, and medications that include oxycontin, norco and zanaflex. utilization review from august 16, 2013 denied the request for medial branch block for l2-l3 spines because there is active ongoing radiculopathy and nothing on the examination shows the facet joints at the level above the fusion are the primary pain generator; denied the request for genetic testing because guidelines do not support this and there is insufficient evidence for usefulness; and partially certified the request for oxycontin 80mg#360.00 because there is no evidence provided of adequate monitoring of the use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block for L2-L3 spines: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, the medial branch block was requested to determine the future course of treatment and allow the patient to gain further insight as to his current pathology. The patient was diagnosed of degenerative disc disease with facet arthropathy L3-4, L4-5 status post lumbar fusion L3-5 (4/2010). However, the patient has an ongoing radiculopathy. Presence of radiculopathy is an exclusion criterion for medial branch blocks. The medical necessity for a medial branch block was not established. Therefore, the request for medial branch block for L2-L3 spines is not medically necessary or appropriate.

**Genetic testing: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Genetic Testing for Narcotic Dependence.

**Decision rationale:** The CA MTUS does not address the topic on genetic testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that genetic testing for potential narcotic abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. In this case, genetic testing was requested to determine if the patient is a poor metabolizer. However, genetic testing is not guideline recommended. Therefore, the request for genetic testing is not medically necessary or appropriate.

**Oxycontin 80mg, 360 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been using Oxycontin since January 2013 for pain control. However, there was no documentation of recent pain relief, functional improvement, or urine toxicology reviews. There is no discussion to support the need for continuation of opioid use. Therefore, the request for Oxycontin 80mg, 360 count, is not medically necessary.