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| <b>Case Number:</b>   | CM13-0016816 |                              |            |
| <b>Date Assigned:</b> | 11/06/2013   | <b>Date of Injury:</b>       | 09/04/2008 |
| <b>Decision Date:</b> | 01/08/2014   | <b>UR Denial Date:</b>       | 07/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2013 |

### 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 Physical Medicine & Rehab 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. 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 is a female patient with a date of injury of September 4, 2008. A utilization review determination dated July 30, 2013 recommends non-certification of left medial branch blocks at C3, C4, C5, and C6, left piriformis muscle injection, Dilaudid 4 mg, and Norco 10/325 mg. An MRI report dated September 27, 2012 identifies "advanced C5 - C6 cervical spondylosis with moderately severe left neuroforaminal stenosis resulting in impingement on the left C6 nerve root." A progress report dated February 14, 2013 identifies subjective complaints of low back pain and bilateral shoulder pain. Current meds include Dilaudid and Venlafaxine. Objective examination findings identify "CESI helped to decrease neck pain and left shoulder. Low back starting to hurt more." Objective examination findings identify "good range of motion cervical spine and left shoulder, right shoulder discomfort with range of motion." Diagnoses include left facet pain, cervical radicular pain, and cervical spondylosis. Treatment plan recommends Soma, Lidoderm, and lumbar radiofrequency. A progress report dated April 8, 2013 identifies current medications including Dilaudid, Venlafaxine, Hydrocodone, and Soma. Subjective complaints state "right side of neck bothers me." The note goes on to state "Soma has been very beneficial for muscle spasms - medications working very well overall." A progress report dated May 23, 2013 identifies current medications of Hydrocodone - 3 per day, Hydromorphone - 1 to 2 per day, and Soma - 2 per day. Subjective complaints state "mild neck pain, bilateral shoulder pain." Physical examination identifies "lower extremity sensory intact, SLR negative, motor 5/5." Diagnoses include left lumbar facet pain, cervical degenerative disc disease, cervicalgia, and scapular pain. Treatment plan recommends left lumbar radiofrequency, Norco, and Soma. A progress report dated July 18, 2013 identifies "improved low back pain and improved (illegible) onset 1 week ago - left piriformis pain an

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left side medial branch block at C3, C4, C5, & C6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter (updated 05/10/13) and ODG Guidelines, Neck chapter (updated 05/14/13).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has asked for 4 medial branch levels (corresponding with 3 joint levels), clearly beyond the maximum of 2 joint levels recommended by guidelines. Additionally, it is unclear exactly what conservative treatment has been attempted to address the patient's cervical facet joint pain prior to the request for cervical medial branch blocks. In the absence of clarity regarding these issues, the currently requested cervical medial branch block is not medically necessary.

### **Left piriformis muscle injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvic Chapter, updated 06/12/13..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Piriformis Injections .

**Decision rationale:** Regarding the request for piriformis injection, California MTUS guidelines do not contain criteria regarding the diagnosis and treatment of piriformis syndrome. ODG states that piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. ODG goes on to state that the physical examination findings of piriformis syndrome include tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation of the hip. Within the documentation available for review, it is clear the patient has tenderness over the piriformis muscle. However, it is unclear whether the pain is exacerbated by flexion, adduction, and internal rotation. The requesting physician has identified that the pain is worse with flexion and internal rotation of the hip, but does not mention adduction. Additionally, there is no documentation of failed physical therapy prior to the requested

piriformis injection, as recommended by guidelines. In the absence of such documentation, the currently requested piriformis injection is not medically necessary.

**Dilaudid 4mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 115,47-49,Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-79.

**Decision rationale:** Regarding the request for Dilaudid, California MTUS guidelines recommend that ongoing use of opiate pain medication be supported by documentation of analgesic benefit, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. Guidelines also recommend the use of opiate agreements and urine drug screens to reduce the risk of misuse, abuse, and the diversion of opiate pain medication. Guidelines go on to recommend discontinuation of opiates if there is no documentation of functional improvement. Within the documentation available for review, it appears the patient has been using two short-acting opiate pain medications, Norco and Dilaudid. There is no documentation of specific analgesic effect, objective functional improvement, discussion regarding side effects, or discussion regarding aberrant use. It does not appear that there is any opiate agreement or urine drug screens being performed. The concurrent use of 2 short-acting opiates on a PRN (as needed) basis significantly increases the risk of side effects or potential overdose. There is no statement indicating why two PRN opiates would be needed. In the absence of clarity regarding the above issues, the currently requested Dilaudid is not medically necessary.

**Norco 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 115,47-49,Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-79.

**Decision rationale:** Regarding the request for Norco, California MTUS guidelines recommend that ongoing use of opiate pain medication be supported by documentation of analgesic benefit, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. Guidelines also recommend the use of opiate agreements and urine drug screens to reduce the risk of misuse, abuse, and the diversion of opiate pain medication. Guidelines go on to recommend discontinuation of opiates if there is no documentation of functional improvement. Within the documentation available for review, it appears the patient has been using two short-acting opiate pain medications, Norco and Dilaudid. There is no documentation of specific analgesic effect, objective functional improvement, discussion regarding side effects, or discussion regarding aberrant use. It does not appear that there is any opiate agreement or urine drug screens being performed. The concurrent use of 2 short-acting opiates on a PRN (as needed)

basis significantly increases the risk of side effects or potential overdose. There is no statement indicating why two PRN opiates would be needed. In the absence of clarity regarding the above issues, the currently requested Norco is not medically necessary.