

<b>Case Number:</b>	CM13-0019977		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 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 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:

The patient is a 55-year-old gentleman who injured his low back in a work related accident on 01/31/12. Clinical records for review include a recent progress report of 07/24/13 with [REDACTED], indicating ongoing complaints of pain about the low back with a current diagnosis of lumbar facet arthropathy and lumbar radiculopathy. The chief complaint was that of low back pain with radiating pain to the right lower extremity with numbness and tingling. It states a recent June 2013 right L4 through S1 epidural steroid injection did not provide significant relief. He has continued to utilize Norco, Pamelor, and Naproxen denying side effects with physical examination findings showing diminished sensation to the right L4 through S1 nerve roots with positive facet pain to palpation on the right, positive straight leg raising, an antalgic gait, and use of a cane. Reviewed was an MRI report of March 2013 showing stenosis at L2-3 and L4-5 with disc bulging, multilevel degenerative disc disease, and facet arthropathy. The plan at that time was for continuation of medication in the form of Hydrocodone, Naprosyn, and Nortriptyline as well as medial branch blockade at the right L4-5 and L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #135:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Hydrocodone in this case would not be supported. The claimant's clinical records indicate continued pain with no documentation of significant benefit with current use of medications. California MTUS Guidelines in regard to discontinuation of opioid agents indicate that medications should be discontinued if no overall improvement in function is indicated unless there are extenuating circumstances. Based on the lack of documentation of improved function, the clinical role of this agent would not be supported.

**Naproxen Sodium 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs) .

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Naprosyn also would not be indicated. Guidelines in regard to chronic use of antiinflammatory agents indicate them as an option for short term symptomatic relief of symptomatic flare indicating that they are no more effective than other drugs such as acetaminophen, muscle relaxants, or narcotic analgesics. Records in this case indicate long-term use of antiinflammatory agents. Without documentation of symptomatic flare of symptoms, the role of continued use of this medication at this stage in the claimant's chronic course of care would not be supported.

**medial branch block at right L4/5 and L5/S1:** 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 Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Facet joint diagnostic blocks (injections).

**Decision rationale:** California ACOEM Guidelines state, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit". When looking at Official Disability Guidelines criteria, guidelines do not indicate the role of facet injections in the setting of lumbar radiculopathy. Clinical records in this case indicate clear evidence of a radicular process with diminished sensory examination, positive straight leg raising, and clinical findings that support radiculopathy on examination. Given the above, the acute need for the requested procedure would not be indicated.