

<b>Case Number:</b>	CM13-0025202		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Family Practice and is licensed to practice in Texas. 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 32-year-old male who reported a work related injury on 03/14/2013, as a result of strain to the lumbar spine. Clinical note dated 08/27/2013 reports the patient was seen by the provider. The provider documents the patient was evaluated for bilateral low back pain, right greater than left. The provider documented the patient utilizes Norco 10/325 by mouth twice a day. Upon physical exam of the patient, there was tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints and of the right sacroiliac joint. There is full and painless range of motion in the bilateral upper extremities and there was decreased range of motion in the bilateral lower extremities and trunk. Lumbar discogenic provocative maneuvers including sustained hip flexion were negative bilaterally. Pelvic rock was positive bilaterally. The provider documented the patient had 5/5 motor strength noted throughout the bilateral lower extremities. The provider documented the patient presented for treatment of the following diagnoses: positive fluoroscopically guided diagnostic bilateral L4-5, bilateral L5-S1 lumbar facet joint medial branch blocks, bilateral L3-S1 lumbar facet joint pain, lumbar facet joint arthropathy, disc protrusion at L3-4, with moderate to severe bilateral recess stenoses, lumbar degenerative disease, and lumbar sprain/strain. The provider noted appealing the denial of rhizotomies for the patient, given the positive diagnostic medial branch blocks at the L4-5 and L5-S1, which provided 95% of low back pain relief for the patient. The provider documented the original request was rendered as diagnostic radiofrequency ablations. The provider documents as the patient presents with physical examination findings of tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints, and extension was worse with flexion, the patient presents with facet mediated pain. The provider documente

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided bilateral L4-L5 and bilateral L5-S1 radiofrequency nerve ablation (neurotomy/rhizotomy):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The MTUS/ACOEM guidelines indicate that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The provider documents that the patient continues to present with significant lumbar spine pain complaints status post a work related injury sustained in 03/2013. The provider documents the patient has exhausted lower levels of conservative treatment to include physical therapy and medication regimen and activity modifications without resolve of the symptomatology. Additionally, the provider reported that the patient had undergone diagnostic bilateral L4-5, L5-S1 lumbar facet joint medial branch blocks, which provided the patient 95% relief of low back pain and increased range of motion after 30 minutes lasting greater than 2 hours. Given all the above, the request is certified.

**Hydrocodone 10/325 mg 1 tab p.o. prn pain #60 with 0 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

**Decision rationale:** MTUS indicates, hydrocodone "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The MTUS guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Clinical documentation submitted for review did not indicate the patient's reports of efficacy with his current medication regimen as noted by a decrease in rate of pain on a VAS scale and increase in objective functionality as a result of utilizing this medication. The documentation provided lacks evidence to support the long-term necessity of Norco 10/325 for the patient's current pain complaints.