

<b>Case Number:</b>	CM13-0034059		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interverntional Spine 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 patient is a 55-year-old female, with a date of injury 04/08/2005. According to the treating physician report dated 09/16/2013, listed diagnostic impressions are, cervical spine sprain/strain with MRI findings of disk protrusions at C4 to C7, status post bilateral shoulder surgery with residual pain, cervical facet arthropathy C3 to C6, worse on the left side, history of migraine headaches, lumbar discogenic disease, and A 2-mm far left disk protrusion at L4-L5, L4-L5 radiculopathy on the left, L4-L5-S1 facet arthropathy on the left. Presenting symptoms are neck, as well as low back pain, with radiation down her arms and her legs. The patient requires use of medications on a regular basis. Request was for diagnostic facet blocks in lumbar area, L4-L5 and L5-S1, with medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 DIAGNOSTIC FACET BLOCK IN THE LUMBAR AREA AT THE LEVEL OF L4-L5 AND L5-S1 AT THE LEVEL OF MEDIAL BRANCHES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Facet Joint Diagnostic Blocks Page(s): 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet Joint Diagnostic blocks

**Decision rationale:** In regard to facet diagnostic evaluation, MTUS and ACOEM Guidelines do not specifically discuss facet diagnostic blocks. However, the Official Disability Guidelines (ODG) provides specific criteria for use of diagnostic blocks or facet-mediated pain. These include one set of diagnostic medial branch blocks is required with response greater than 70%, limited to patients with low back pain that is nonradicular and that no more than 2 levels bilaterally. In this patient, the patient has clear radicular pain down the lower extremity, and the facet diagnostic evaluations are not recommended in these cases. The request for 1 diagnostic facet block in the lumbar area at the level of L4-L5 and L5-S1 at the level of medial branches is not medically necessary and appropriate

### **1 PRESCRIPTION OF NAPROXEN 375MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines support use of NSAIDs for chronic low back pain per page 22. However, MTUS page 60 also requires documentation of pain assessment and function when medications are used for chronic pain. This patient presents with chronic neck and low back pains with MRIs demonstrating multiple level of disk protrusions from C4 to C7 and a small disk protrusion at L4-L5. There is a request for naproxen 375 mg. It is stated in the UR that patient used Naproxen in the past, and discontinued it due to stomach irritation. The 03/28/2013 reports that the patient is prescribed topical NSAIDs as medication of this nature orally was not tolerated. The request for 1 prescription of Naproxen 375 mg is not medically necessary and appropriate.

### **1 PRESCRIPTION OF NORCO 10/325MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** The treating physician indicates on the report dated 03/28/2013, that without the use of Norco 2 tablets, the patient would be unable to perform activities of daily living such as cooking, cleaning, bathing, self-care and dressing. Therefore, the treating physician was recommending continued use of Norco 2 tablets a day. The MTUS Chronic Pain Medical Treatment Guidelines have specific requirements regarding chronic use of opiates. It mentions importance of documentation of 4 A's including analgesia, ADLs, adverse effect, adverse behavior. For chronic opiates use, MTUS Guidelines also requires documentation of pain and function as compared to baseline, use of numeric scale denoting function, or use of validated instrument. In this case, while the treating physician makes the argument that the patient has

significant improvement of activities of daily living, numeric scale is not used to describe this patient's level of function or pain as required by MTUS Guidelines. MTUS Guidelines also requires documentation of outcome measures including current pain level, least pain, average pain, time it takes for medication to work, and duration of relief, etc. In this case, none of this information is provided. The treating physician mentions that the patient is not able to dress or self-care without 2 Norcos a day, which is insufficient documentation, as it is not specific. MTUS Guidelines requires specific documentations for both pain reduction and functional improvement demonstrating effectiveness of opiates. The request for 1 prescription of Norco 10/325 mg is not medically necessary and appropriate.

### **1 PRESCRIPTION OF AMBIEN 10MG: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** In regard to Ambien, the Official Disability Guidelines (ODG) states that it is indicated for short-term treatment of insomnia with difficulty of sleep onset. In this patient, review of the reports shows that this medication has been provided on a chronic basis dating back at least 02/28/2013 and through 09/16/2013. Given that this medication is prescribed on a chronic basis, it would not be recommended by ODG guidelines. The request for 1 prescription of Ambien 10 mg is not medically necessary and appropriate

### **1 THERMOCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**Decision rationale:** The MTUS and ACOEM Guidelines do not specifically discuss this type of treatment. However, the Official Disability Guidelines (ODG) states that hot/cold treatments for lumbar spine is recommended as an option for acute pain. It states, "at-home local application of cold packs for a few days of acute complaint; thereafter, application of heat pads or cold packs". It further states, "There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction, return to normal function." A continuous-flow cryotherapy, or heat therapy, is supported for postoperative management of shoulder and knee per ODG Guidelines. It is not recommended for chronic pain and non-surgical treatments. The request for 1 thermocool hot and cold contrast therapy with compressions is not medically necessary and appropriate.

### **1 PRESCRIPTION OF MELOXICAM 15MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The MTUS Guidelines support use of NSAIDs for chronic low back pain per page 22. However, MTUS page 60 also requires documentation of pain assessment and function when medications are used for chronic pain. The 03/28/2013 reports that the patient is prescribed topical NSAIDs, as medication of this nature orally was not tolerated. This indicates that the patient was not tolerating NSAIDs. Therefore, the request for 1 prescription of Meloxicam 15 mg is not medically necessary and appropriate.