

<b>Case Number:</b>	CM13-0034223		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/09/2003
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	08/30/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 9, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; adjuvant medications; muscle relaxants; electrodiagnostic testing of September 6, 2009, notable for an active L4-L5 radiculopathy; unspecified amounts of physical therapy; and unspecified amounts of massage therapy. In a utilization review report of August 30, 2013, the claims administrator denied a request for medial branch radiofrequency ablation procedures, denied a request for Baclofen, denied a request for Norco, and denied a request for Ambien. The rationale is very difficult to follow but seemingly employs non-MTUS Guidelines almost exclusively. The applicant's attorney later appealed. A clinical progress note of August 21, 2013 is notable for comments that the applicant is going on vacation. She is receiving massage therapy. She is using Norco, Motrin, and Baclofen. She uses three Norco a day. She states that the medications dull her pain. She is status post two anterior cervical discectomy fusions and has not had any prior lumbar fusion surgery. She is apparently obese and exhibits 4+/5 strength. It is noted that the applicant reports low back pain radiating down the leg. On September 18, 2013, the attending provider writes that cessation of medications has resulted in heightened pain. An earlier progress note of September 11, 2012 is notable for comments that the applicant's activity levels have increased with medications. An earlier note of June 19, 2012 states that the applicant is able to accomplish activities of daily living through medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Left Lumbar L3, L4, and L5 Medial Branch Block Radiofrequency Ablation Procedure: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in chapter 12, there is not existence of high quality literature supporting the efficacy of radiofrequency ablation procedures in the lumbar spine region. It is further noted that the applicant's response to prior procedures had not been clearly detailed in the past. The fact that the applicant is using numerous analgesic medications, including Norco, implies that she did not achieve any lasting benefit or functional improvement through prior blocks. Finally, the applicant's concomitant left lower extremity radicular complaints argue against any true facetogenic pathology here. For all of these reasons, then, the request remains non-certified, on independent medical review.

**The request for Baclofen 10mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, antispasticity drugs such as Baclofen are recommended orally in the treatment of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries. In this case, however, there is no indication or evidence that the applicant carries either diagnosis of multiple sclerosis or spinal cord injuries for which ongoing usage of Baclofen would be indicated. Therefore, the request remains non-certified, on independent medical review.

**The request for Norco 5/325 #120: Upheld**

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

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant meets two of the three aforementioned criteria.

Specifically, there is evidence of improved performance of non-work activities of daily living and successful reduction in pain scores achieved as a result of ongoing Norco usage, although it does not appear that the applicant has returned to work at the California Highway Patrol (CHP). Nevertheless, on balance, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines have seemingly been met. Continuing Norco, on balance, is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

**The request for Ambien 10mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines, Pain (Chronic).

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG chronic pain chapter zolpidem topic, zolpidem or Ambien is indicated only for short-term use, typically on the order of two to six weeks. It is not recommended in the chronic, scheduled, and nightly use for which it is being proposed here. Therefore, the request remains non-certified, on independent medical review.