

<b>Case Number:</b>	CM13-0044503		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Anesthesiology, has a subspecialty in Pain 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 patient is a 52-year-old male who reported an injury on February 18, 2009. The patient is currently diagnosed with cervical radiculopathy, bilateral shoulder pain, neuroma of the left stump, and lumbar spine degenerative disc disease. The patient was seen by [REDACTED] on September 11, 2013. The patient reported increasing lower back pain. Physical examination revealed a slow gait, palpable spasm in the bilateral lower lumbar paraspinal muscles, tenderness over the facet joints, painful range of motion, limited cervical range of motion with palpable spasm, and tenderness to palpation over the bilateral upper extremities. Treatment recommendations included a lumbar facet injection at L3-4, L4-5, and L5-S1 as well as continuation of current medications includes Amrix, Percocet, Naprelan, Ambien, and Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet injections at L3-4, L4-5 and L5-S1.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation ODG Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** The California ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet injections are limited to patients with low back pain that is nonradicular and at no more than two (2) levels bilaterally. As per the documentation submitted, the patient underwent an MRI of the lumbar spine on September 25, 2012, which showed no evidence of facet abnormality at L3-4 or L4-5. Additionally, the Official Disability Guidelines do not recommend more than two (2) facet joint levels be injected in 1 session. There is also no documentation of a recent failure of conservative treatment including home exercise and physical therapy. Based on the clinical information received, the request is non-certified.

**Ambien 10mg, #40 with one (1) refill.: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The patient has continuously utilized this medication. However, there is no evidence of chronic insomnia or sleep disturbance. There is also no documentation of a failure to respond to non-pharmacological treatment prior to the initiation of a prescription medication. Based on the clinical information received, the request is non-certified.

**Percocet 10/325mg, #150.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section. Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified

**Amrix 15mg, #30 with one (1) refill.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Section. Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal palpable muscle spasm in the lumbar and cervical spine. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.