

<b>Case Number:</b>	CM13-0056274		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/05/2001
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 64-year-old male who reported an injury on 04/05/2001. The mechanism of injury was noted to be a motor vehicle accident when the patient was rear-ended by a regional transit bus. The earliest documentation of 2012 indicated the patient's medications included Hydrocodone/Acetaminophen, Prevacid, Baclofen, Lunesta, Zipsor, Nucynta ER, Glipizide, Metformin Hydrochloride, Finasteride, Labetalol Hydrochloride, Cyanocobalamin, Magnesium Oxide, Lisinopril, Acarbose, Nystatin, daily multivitamin, Simvastatin, and a pain reliever. The patient's diagnosis was noted to include lumbago, degeneration of lumbar or lumbosacral intervertebral disc, cervicalgia, and neck pain. The patient indicated the back pain was moderate to severe. Symptoms were noted to be relieved by injections, pain medications and drugs, and physical therapy, resting, and sitting. The objective examination revealed the patient had maximum tenderness in the spinous, paraspinous, lumbar, gluteals, PSIS, and sacrum. The patient had a positive facet loading test, especially on the right side and tenderness to palpation of the right facet joints. The patient had bilateral lower strength that was normal. The patient's right knee strength was decreased and right hip strength, as well as right ankle and right foot were decreased. The patient was noted to have no sensory loss. The request was made for Nucynta ER 200 mg, Naprosyn 500 mg, MiraLAX 17 grams, Lunesta 3 mg, and Hydrocodone/Acetaminophen, as well as a facet injection of the lumbar spine bilateral L3-4 and L4-5. The patient indicated their pain without medications was 9/10 and medications it was 5/10. The patient indicated that with medications the patient was able to struggle, but fulfill daily home responsibilities with outside activity and was not able to work or volunteer. Without medications, the patient indicated that they stay in bed all day and feel hopeless and helpless about life. The pain medications were noted to cause constipation for the patient. The treatment plan was noted to include MiraLAX and Lunesta. The patient indicated without Lunesta, he

wakes up often and is not able to get back to sleep due to the pain. The patient had axial spine pain with evidence of severe facet arthropathy at L3-4 and L4-5 bilaterally on MRI and the physician opined they would like to inject the areas under fluoroscopy. The patient was noted to have a positive facet loading test of the low back area and facet loading aggravated the thigh pain. The patient was noted to have no leg pain below the knees.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Facet Injection lumbar - bilateral L3-4 and L4-5: 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), Treatment Index, 11th Edition (web), 2013, Thoracic and Lumbar Spine, Facet Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medial Branch Block

**Decision rationale:** The ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. The ACOEM guidelines do not address the criteria for Medial Branch Blocks. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. The clinical documentation submitted for review indicated the patient had tenderness to palpation in the paravertebral area over the facet region, the patient had a normal sensory examination; however, they had myotomal findings and there was lack of documentation indicating the patient's results of a straight leg raise. Given the above, the request for facet injection lumbar - bilateral L3-4 and L4-5 is not medically necessary.

#### **Hydrocodone - Acetaminophen 10/325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 80-92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section Ongoing Management Section Page(s): 60,78.

**Decision rationale:** The California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain and there should be documentation of an objective increase in function, objective decrease in the VAS score, evidence the patient is being monitored for

aberrant drug behavior, and side effects. The clinical documentation submitted for review indicated the patient was being monitored for aberrant drug behavior and side effects. The patient indicated their pain without medications was 9/10 and medications it was 5/10. The patient indicated that with medications the patient was able to struggle, but fulfill daily home responsibilities with outside activity and was not able to work or volunteer. Without medications, the patient indicated that they stay in bed all day and feel hopeless and helpless about life. The pain medications were noted to cause constipation. However, there was lack of documentation indicating the patient had an objective increase in function. Given the above, the request for 180 Hydrocodone-Acetaminophen 10/325 is not medically necessary.

**Lunesta 3mg #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), Treatment Index, 11th Edition (web), 2013, Pain, Workers Compensation Drug Formulary, Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatments

**Decision rationale:** The California MTUS Guidelines indicate Lunesta is a first-line medication for treatment of insomnia. The clinical documentation submitted for review indicated the patient had difficulty falling back asleep once he woke up. There was documentation of functional benefit from the medication. Given the above, the request for Lunesta 3 mg is medically necessary.

**Nucynta ER 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids Criteria for Use. Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain and there should be documentation of an objective increase in function, objective decrease in the VAS score, evidence the patient is being monitored for aberrant drug behavior, and side effects. The clinical documentation submitted for review indicated the patient was being monitored for aberrant drug behavior and side effects. The patient indicated their pain without medications was 9/10 and medications it was 5/10. The patient indicated that with medications the patient was able to struggle, but fulfill daily home responsibilities with outside activity and was not able to work or volunteer. Without medications, the patient indicated that they stay in bed all day and feel hopeless and helpless about life. The pain medications were noted to cause constipation. However, there was lack of

documentation indicating the patient had an objective increase in function. Given the above, the request for 60 Nucynta ER 200mg is not medically necessary.