

<b>Case Number:</b>	CM14-0007246		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	02/20/2003
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Pain Medicine 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 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:

The injured worker is a 63 year old female injured on 02/20/03 due to prolonged sitting in an uncomfortable position requiring frequent repositioning resulting in chronic low back pain. Current diagnoses include pain psychogenic, degeneration lumbar spine, lumbar disc displacement without myelopathy, post-laminectomy syndrome, chronic pain, therapeutic drug monitoring, and long term use of medications. The clinical note dated 01/14/14 indicates the injured worker presented complaining of low back pain for which she continues to utilize spinal cord stimulator with benefit. The injured worker reports pain in the right lower extremity resolved after taking Norco. The injured worker continues to obtain 90% relief in lower extremity pain following lumbar epidural steroid injection on 10/15/13. She states she does continue to have low back pain radiating laterally in a band like distribution that affects her ability to perform activities of daily living. Following lumbar epidural steroid injection, the injured worker was able to decrease Norco use from 6 tablets per day to approximately 2 tablets per day. CT of the lumbar spine performed on 09/16/13 indicates status post L5-S1 posterior spinal fusion with bridging interbody bone graft without evidence of hardware fracture or loosening, moderate left foraminal stenosis secondary to foraminal ossific spurring; multi-level degenerative facet disease, lumbar dextroscoliosis, multi-level degenerative disc disease, moderate L2-3 and L3-4 spinal stenosis, moderate to severe level L3-4 foraminal stenosis, mild foraminal stenosis is present at L1-2 and L2-3 with intraspinal stimulator. Physical examination revealed tenderness to palpation over lumbar bony prominences, guarding noted, pain elicited with lumbar facet loading on rotation and extension bilaterally, and increased pain with extension of the lumbar spine. Medications included Cyclobenzaprine 7.5mg BID, Ketamine cream TID, Hydrocodone/Acetaminophen 10/325mg 1 tablet BID, Pepcid 40mg, and Simvastatin 40mg. The original request for bilateral lumbar facet joint injection at L4-5 and L5-

S1 with fluoroscopic guidance and IV sedation and Cyclobenzaprine 10mg #60 with 3 refills was initially non-certified on 02/14/14.

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

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

#### **BILATERAL LUMBAR FACET JOINT INJECTION ATL4-L5 AND L5-S1 WITH FLOUROSCOPIC GUIDANCE AND IV SEDATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural STEROID INJECTIONS (ESIS), Page(s): 46.

**Decision rationale:** Based on prior utilization review, the request for bilateral lumbar facet joint injection at L4-5 and L5-S1 with fluoroscopic guidance and IV sedation was revised due to contraindications of injection at prior fusion sites. The physician is now requesting bilateral injections at the L3-4 level and L4-5 level. Additionally, it was clarified the injured worker has undergone 12 sessions of aqua therapy for lumbar pain with temporary to no relief from conservative treatments. Additionally, the injured worker's medications included Norco, Medrol, Pamelor, Cymbalta, and Buprenorphine. Other previous conservative measures included NSAIDs, aerobic exercises, manipulation, home exercise program and/or physical therapy for at least 4-6 weeks to address the facet joint symptoms. It is noted the injured worker has previously experienced 100% resolution of lower extremity pain following lumbar epidural steroid injection with ongoing axial lumbar spine pain resulting in the request for bilateral facet joint injection. Diagnostic facet joint injections are limited to injured workers with low back pain that is non-radicular and at no more than 2 levels bilaterally. Additionally, there must be documentation of a failure of conservative treatment including home exercise program, physical therapy, and NSAIDs prior to the procedure for at least 4-6 weeks. The use of IV sedation may be grounds to negate the results of a diagnostic block and should be given only in cases of extreme anxiety. The clinical documentation indicates the injured worker meets the criteria set forth by current guidelines for diagnostic facet block; however, there is no indication in the clinical documentation to indicate the use of IV sedation. There is no indication that the injured worker has ever experienced severe anxiety as a result of procedures or has long standing anxiety issues. As such, the request for bilateral lumbar facet joint injection at L4-5 and L5-S1 with fluoroscopic guidance and IV sedation cannot be recommended as medically necessary at this time.

#### **CYCLOBENZAPRINE 10MG #60 WITH 3 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL, FEXAMID),.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Cyclobenzaprine 10mg #60 with 3 refills cannot be established at this time.