

<b>Case Number:</b>	CM14-0109785		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 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 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 is a 55 year old male with a 10/1/01 injury date. The mechanism of injury is not provided. In a follow-up on 6/18/14, subjective complaints include low back pain, midthoracic pain, and pain shooting down his right leg in the distribution of L5 with numbness and weakness. The mid-thoracic pain gets worse with sitting, standing, and leaning forward or backward. The pain is also worse with coughing or sneezing. The prior thoracic RFAs alleviated his pain for about 18 months. Objective findings include tenderness over the spinous processes and paraspinal muscles of the mid-thoracic spine and positive pain with facet loading. His work status is permanent and stationary. His urine toxicology, CURES reports, and pill counts show no signs of abuse or misuse. There are no imaging studies of the thoracic spine in the documents. Diagnostic impression: chronic pain syndrome, post-laminectomy syndrome of the lumbar spine. Treatment to date: lumbar spine fusion (2010), diagnostic medial branch blocks followed by RFA in at bilateral T8-11, medications, activity modification, physical therapy, chiropractic care. A UR decision on 7/1/14 denied the request for medial branch blocks at T8, T9, and T10 on the basis that the prior level of RFA is known, there were no findings of arthropathy on imaging or physical exam, and radicular findings were present. The request for Norco 10/325 #120 was partially certified to allow for Norco 10/325 #90 for weaning purposes, on the basis that this dosage of opiates is not justified in a patient who is not working. The request for Ambien was denied on the basis that long term use is not supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Medial Branch Blocks, Left T8, T9, T10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) [http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm)

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

**Decision rationale:** CA MTUS does not address this issue. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. The current request is for a 3-level injection, which is more than the guidelines recommend in one procedure. In addition, the patient already had thoracic medial branch blocks followed by RFA. Since these provided the patient with some relief, it is unclear why another diagnostic medial branch block is being requested instead of proceeding straight to another round of RFA. The patient does have lower extremity radicular signs and symptoms, but these would not be a contraindication to a thoracic level medial branch block. On the basis of the above findings, the request cannot be certified at this time. Therefore, the request for diagnostic medial branch blocks, left T8, T9, T10, is not medically necessary.

**Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2001 date of injury, the duration of opiate use to date is not clear. In addition, there is no rationale for concurrent prescriptions for Hydrocodone and Tramadol. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Norco 10/325 #120 is not medically necessary.

**Ambien 10mg #30 with 1 Refill:** Upheld

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

**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. Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

**Decision rationale:** CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The FDA states that Ambien is indicated for the short-term treatment of insomnia. Ambien has been shown to decrease sleep latency and increase the duration of sleep for up to 35 days in controlled clinical studies. Hypnotics should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks. Ambien should not be prescribed in quantities exceeding a 1-month supply. In the present case, it is clear from the documentation that Ambien is being used on a long-term basis. In addition, the request for #30 pills with 1 refill is above what is recommended for short-term use. Therefore, the request for Ambien 10 mg #30 with 1 refill is not medically necessary.