

<b>Case Number:</b>	CM14-0013731		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/01/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 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 patient is a 51-year-old male with a April 1, 2001 date of injury, when the patient injured his left knee and low back while struggling with a combative suspect. Diagnosis included mechanical low back pain; failed back syndrome; bilateral trochanteric bursitis; left upper extremity numbness; and hypogonadism. December 18, 2013 Progress note described ongoing low back and leg pain; knee and cervical spine pain; as well as pain in both hips. There were complaints of sleep difficulties and increased pain in the last week. Clinically, there was exquisite tenderness of the bilateral hip trochanteric bursas. MBB for diagnostic purposes, prior to RFA was requested, as well as retrospective bilateral iontophoresis, and medication. January 16, 2014 Progress note described 100% pain relief from a C5-6 ESI for a little over a week. Repeat injection was requested. It was noted that the patient utilizes a pain pump as well as Norco up to 5 per day, as needed. Treatment to date has included Morphine intrathecal pain pump; low back surgery; injections; PT; activity modification; and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral medial branch block at L2-3. L3-4. L4-5 and L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, (Low Back Chapter).

**Decision rationale:** Medical necessity for the requested medial branch blocks is not established. Although prior to RFA (radiofrequency ablation), the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines requires diagnostic MBB, which was part of the requesting provider's treatment plan; clinically, there were no findings corroborating facet mediated pain, including positive facet loading test. In addition, Guidelines state that and no more than 2 joint levels are injected in one session. The request for MBB at L2-3. L3-4. L4-5 AND L5-S1 exceeds guideline recommendations. The request for bilateral medial branch block at L2-3. L3-4. L4-5 and L5-S1 is not medically necessary or appropriate.

**Bilateral iontophoresis at L2-3, L3-4, L4-5 and L5-S1:** Upheld

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

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

**Decision rationale:** The retrospective request for bilateral iontophoresis is not established. ODG states that iontophoresis is not recommended for either lower back or upper back. There is no discussion of failure of all accepted treatment options, requiring treatment that is not readily recommended. Within the context of this appeal, no additional medical records were provided, describing necessity of a treatment that is not guideline supported. The request for bilateral iontophoresis at L2-3, L3-4, L4-5 and L5-S1 is not medically necessary or appropriate.

**Norco 10/325mg, 180 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81,79-80. Decision based on Non-MTUS Citation article Opioid Therapy for Chronic Pain, from the New England Journal of Medicine, 2003; 349:1943-1953; November 13, 2003, by Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D.; DOI: 10.1056/NEJMra025411.

**Decision rationale:** There was no documentation of objective function improvement or reduction of VAS (visual analog scale) scores attributed to Norco use. It is of note that the patient utilizes both a pain pump and a significant amount of Norco for breakthrough pain. While some patient's may require increased levels of opioid medication for pain management, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is essential and required by the Chronic Pain Medical Treatment Guidelines. Within the

context of this appeal, no additional medical records were provided, discussing the ongoing use of Norco. The request for Norco 10/325mg, 180 count, is not medically necessary or appropriate.