MAXIMUS Federal Services

Case Number:	CM14-0017946		
Date Assigned:	04/16/2014	Date of Injury:	06/06/2005
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 Florida. 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 52 year old male with an injury reported 06/06/2005; the mechanism of injury was not provided in the medical records. According to the clinical note dated 01/23/2014, the injured worker complained of pain that radiated down the left leg more than right. Per the physical examination the lumbar flexion was good with 3+ pain coming up with a 1+ hike to recovery. Lumbar extension was to 12 degrees with 3+ lower back pain. The injured worker had L5-S1 facet area pain that radiated distally as per the examination documentation. The injured worker's diagnoses included L5-S1 disc herniation, post L5-S1 fusion and pedicle screws and cages (05/09/2006), bilateral L3-4 and L4-5 micro-decompressions, laminectomies, partial takedown of prior fusion L5-S1, non-instrumented posterior lateral lumbar fusion, bilateral L3 to S1 with autologous bone graft (08/08/2011), dural leak repair (08/26/2011), persistent left L4 radiculopathy. The request for authorization was submitted on 02/12/2014. The request is for left L4-5 and L5-S1 medial branch block, prescription of Norco 10/325mg, and Cymbalta 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT L4-5 AND L5-S1 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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, Diagnostic Blocks For Facet "Mediated" Pain.

Decision rationale: The request for 1 left L4-5 and L5-S1 medial branch block is not medically necessary. The injured worker has had left sacroiliac transforaminal epidural steroid injections in multiple L4-5 areas. According to ACOEM invasive techniques (local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. 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 pain. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. According to the Official Disability Guidelines (ODG) clinical presentation should be consistent with facet joint pain, signs and symptoms. The guidelines also require documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Furthermore, the pain described is persistent left L4 radiculopathy, the guidelines note injured workers should not have findings of radiculopathy. There is a lack of clinical evidence of NSAIDs, physical therapy, or mentioned exercise. The injured worker also has a history of L5-S1 fusion with partial takedown, also with L3 to S1 autologous bone graft. The Official Disability Guidelines state that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. There is also a lack of documentation of a negative neurological examination. Within the provided documentation there was a lack of evidence of significant facetogenic pain. Therefore, the request for 1 left L4-5 and L5-S1 medial branch block is not medically necessary.

1 PRESCRIPTION OF NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Long-Term.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91-78.

Decision rationale: The request for 1 prescription of Norco 10/325mg is not medically necessary. The clinical note dated 01/23/2014 stated that the injured worker continued Norco 10/325 mg QID and will try to decrease his Norco dose over the next one or two months. According to the CA MTUS guidelines Norco is indicated for moderate to moderately severe pain. Note: there are no FDA-approved Hydrocodone products for pain unless formulated as a combination. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased

level of function, or improved quality of life. The frequency and amount of pills requested is not available for consideration. There is a lack of clinical evidence showing the decreased frequency of Norco 10/325mg as per the documented discussion. Also, there is a lack of clinical evidence of the effectiveness of Norco 10/325mg. Furthermore, with a lack of information required (frequency of medication and amount of pills to be authorized) the request for Norco 10/325mg is not medically necessary.

CYMBALTA 60MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Cymbalta (R) (Duloxetine). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS FOR CHRONIC PAIN, page 13.

Decision rationale: The request for Cymbalta 60mg is not medically necessary. According to CA MTUS guidelines anti-depressants for chronic pain as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. Long-term effectiveness of anti-depressants have not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. The request for cymbalta gives the dose; however, the frequency and amount of pills for duration is not available. There is a lack of clinical information on the use of cymbalta (pain management versus anti-depressant) and it's effectiveness. With a lack of information required (frequency of medication and amount of pills to be authorized) the request for Cymbalta 60mg is not medically necessary.