

<b>Case Number:</b>	CM14-0122695		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/04/2008
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Emergency 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 45-year-old male who reported an injury on 06/04/2008. The mechanism of injury was a slip and fall. The diagnoses included thoracic pain, cervical pain, shoulder pain, low back pain, spasms of the muscles, lumbar radiculopathy, mood disorder and other disorders. Previous treatments included medication, epidural steroid injections, surgery and physical therapy. The diagnostic testing included an EMG and NCV, MRI. Within the clinical note dated 06/19/2014, it was reported the injured worker complained of neck pain and lower back pain. He rated his pain 7/10 in severity with medications, an 8/10 in severity without medication. He reported completed 3 sessions of physical therapy. Upon the physical examination, the provider noted the cervical spine range of motion was restricted with flexion limited to 45 degrees and extension limited to 35 degrees. The injured worker had positive cervical facet loading pain. Upon the examination of the lumbar spine, the range of motion was restricted with flexion limited to 35 limited by pain, extension limited to 10 degrees and limited by pain. The provider noted on the sensory examination light touch sensation was decreased diffusely to the bilateral upper and lower limbs on both sides. The injured worker had a negative straight leg raise. The provider requested a medial branch block on the right side at L4, L5, S1 and sacral area, and Norco. The request for authorization was submitted and dated on 06/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 medial branch block at right side L4, L5, S1 and sacral ala: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint injections.

**Decision rationale:** The request for a medial branch block, right side L4, L5, and S1 and sacral area is not medically necessary. The California MTUS Guidelines recommend state that invasive techniques, such as facet joint injections, are not recommended. In addition, the Official Disability Guidelines note facet joint blocks are performed with the anticipation that, if successful, treatments may proceed to a facet neurotomy at the diagnosed levels. The guidelines note clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note 1 set of diagnostic medial branch blocks is required with the response of greater than 70%. The pain response should be approximately 2 hours for lidocaine. The guidelines note medial branch blocks are limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. The guidelines recommend the documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. No more than 2 joint levels are to be injected in 1 session. There was a lack of documentation indicating the injured worker had undergone at least 4 to 6 weeks treatment of conservative therapy and failed. The request submitted of 4 levels to be injected exceeds the guidelines' recommendations of no more than 2 joint levels to be injected in 1 session. Therefore, the request is not medically necessary.

**1 prescription of Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

**1 prescription of Lyrica 75mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19.

**Decision rationale:** The request for 1 prescription of Lyrica 75 mg #90 is not medically necessary. The California MTUS Guidelines recommend Lyrica for neuropathic pain due to nerve damage. The guidelines note that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered a first line treatment for both. The guidelines note the medication also has an anti-anxiety effect. The documentation fails to indicate the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of clinical documentation indicating the injured worker is being treated for neuropathic pain. Therefore, the request is not medically necessary.