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| <b>Case Number:</b>   | CM14-0125265 |                              |            |
| <b>Date Assigned:</b> | 08/11/2014   | <b>Date of Injury:</b>       | 05/15/2003 |
| <b>Decision Date:</b> | 09/23/2014   | <b>UR Denial Date:</b>       | 07/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/07/2014 |

### 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:

The patient is a 61-year-old female who has submitted a claim for lumbar spondylosis with facet arthropathy, lumbar discogenic pain right L4-L5 and L5-S1, headaches, and situational depression associated with an industrial injury date of May 15, 2003. Medical records from 2014 were reviewed. No progress reports and clinical evaluations were provided. Utilization review dated July 15, 2014 was used instead. The patient complained of chronic low back pain. There was gradual increase in pain with difficulty in motion. Physical examination showed myofascial tenderness from L1-L5 and tenderness over paravertebral joints at L4-L5 and L5-S1. There was reduced lumbar motion, left extensor hallucis longus motor strength, and reduced left Achilles reflex. Imaging studies were not available for review. Treatment to date has included Norco, Lyrica, Prilosec, Lidoderm patches, Senna, and activity modification. Utilization review, dated July 15, 2014, modified the request for Norco 10/325mg #120 to Norco 10/325mg #30 to facilitate weaning and because there was lack of benefit and limited gains were being made; denied the request for Prilosec 20mg #30 because there were no medications used that carried side effects of gastrointestinal irritation; denied the request for left L4-L5 and L5-S1 medial branch block under fluoroscopic guidance because there was failure of facet joints to be confirmed as the major factor in this patient's ongoing symptoms and there was no evidence of failed conservative treatments; and denied the request for transportation to and from surgery center for the procedure because it is not a medical service for the cure or relief of an industrial injury and it is not within the scope of utilization review. An appeal letter dated August 21, 2014 states that regarding Norco, there was noted improvement in pain levels and improved ability to perform her household chores including cleaning, making her bed, self-hygiene, meal preparation, and grocery shopping; regarding lumbar medial branch nerve blocks, there was no radicular pain and that she has exhausted and failed conservative treatments.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**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 OPIOIDS  
Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, medical records were not available. An appeal letter, dated August 21, 2014, stated that there was noted improvement in pain levels and improved ability to perform her household chores including cleaning, making her bed, self-hygiene, meal preparation, and grocery shopping. However, there were no progress reports available for review. There was no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

**PRILOSEC 20MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** Prilosec is a brand name for the proton pump inhibitor omeprazole. As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patient's who are at high risk for gastrointestinal events. The use of proton pump inhibitors is recommended in those individuals: using multiple NSAIDs; high-dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, medical records were not available. There is no documentation that the patient was on NSAIDs. Furthermore, there is no documentation of GI risk factors in this patient. There is no indication that the patient has a high risk for gastrointestinal events nor were there any complaints of GI upsets. Also, this medication is not recommended for long-term use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Prilosec 20mg #30 is not medically necessary.

## **LEFT L 4 L 5 S1 MEDIAL BRANCH BLOCKS UNDER FLUOROSCOPIC**

**GUIDANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

**Decision rationale:** As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, medical records were not available. The patient has chronic low back pain based on a previous utilization review dated July 15, 2014. Physical examination showed tenderness, reduced motor strength on the left extensor hallucis longus, and reduced left Achilles reflex. Although an appeal letter dated August 21, 2014 state that there was no radicular pain and that she has exhausted and failed conservative treatments, there was no documentation available to support these claims. The guideline criteria have not been met. Therefore, the request is not medically necessary.

## **1 TRANSPORTATION TO AND FROM SURGERY CENTER FOR THE PROCEDURE:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Section, Transportation (To and From Appointments).

**Decision rationale:** CA MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, medical records were not available for review. There was no documentation of difficulty regarding transportation by the patient. There was no mention regarding the patient's ambulation status as well as her ability to utilize her lower extremities. There was no documentation of any

disability that the patient may have for transportation services to be necessary. The medical necessity has not been established. Therefore, the request for (1) transportation to and from surgery center for the procedure is not medically necessary.