

<b>Case Number:</b>	CM14-0127512		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 56-year-old male who reported an injury on 12/13/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included multilevel degenerative disc disease of the lumbar spine, annular tear at L2-3, and multilevel herniated nucleus pulposus of the lumbar spine with stenosis, lumbar radiculopathy, bilateral shoulder impingement and bursitis, left knee surgery, bilateral knee chondromalacia patella, and herniated nucleus pulposus of the thoracic spine with stenosis, chronic neck pain, and facetogenic back pain. The previous treatments included 2 epidural steroid injections of the lumbar spine, 16 visits of chiropractic treatment, 9 visits of chiropractic physiotherapy, 18 visits of acupuncture, medial branch block at L4-5, L5-S1 on 07/11/2014, and medications. Diagnostic testing included an MRI of the lumbar spine dated 06/23/2014, and an electromyography (EMG) of the upper and lower extremities. In the clinical note dated 07/25/2014, it was reported the injured worker complained of lower back and neck pain. The injured worker reported being status post medial branch block; he obtained 50% alleviation of pain lasting 3 hours with symptoms returning to prior levels. The injured worker reported neck pain radiates down to the bilateral arms and elbows frequently, and occasionally down to the hand with numbness in all digits. The right arm was worse than the left. He rates his pain 7.5/10 to 8/10 in severity with medication, and an 8/10 to 9/10 without medication. The injured worker complains of low back pain. He complains of numbness radiating down to his bilateral toes. He rates his pain as 10 in severity without medication. On the physical examination, the provider noted the injured worker's range of motion of the cervical spine and lumbar spine was decreased in all planes. The lumbar extension was limited to 10 degrees due to pain. There was tenderness to palpation bilaterally over the cervical and lumbar paraspinals and on the midline. The provider noted positive bilateral facet loading in the lumbar region. There was a positive Spurling's on the left. There was decreased sensation at C7

dermatome on the left. Provider indicated the MRI of the lumbar spine dated 02/07/2012 revealed degenerative disc changes at the T11-12 and T12-L1, and from L2-3 through L5-S1, greatest at L5-S1. Annular tear and 3 mm left lateral disc protrusion at L2-3 impinging on the left anterior aspect of the thecal sac. There was a 3 mm broad based disc bulge at L5-S1 extending laterally down into both neural foramina. MRI of the cervical spine dated 06/23/2014, the provider reported the injured worker had herniated nucleus pulposus at C2-3, C3-4, C4-5, C5-6 with central canal stenosis. Neural foraminal narrowing is apparent at the levels. The provider requested Terocin patch, Norco, ILESi at C3-4, and medial branch block. However, a rationale is not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin Pain Patch 1 box:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Nsaids Page(s): 111-112.

**Decision rationale:** The request for Terocin pain patch 1 box is not medically necessary. The California MTUS Guidelines note topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.

**Norco 10/325 #120, one PO Q6-8 hours PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids:.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

**Decision rationale:** The request for Norco 10/325 #120, one PO Q6-8 hours PRN 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 is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally,

the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

**Interlaminar epidural steroid injection (ILESI) at C3-4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

**Decision rationale:** The request for ILESI at C3-4 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. The clinical documentation submitted lacks significant documentation indicating the injured worker had tried and failed on conservative therapy. The injured worker had previously undergone an epidural steroid injection, which was not documented to have at least 50% pain relief associated with the reduction of medication use for 6 to 8 weeks. The request submitted failed to provide the number of injections to be given. Therefore, the request is not medically necessary.

**Confirmatory Medial Branch Block of bilateral L4-5 & L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Low Back Procedure Summary last updated 07/03/2014, Criteria for the use of Diagnostic blocks for facet "mediated" pain

**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, Medial Branch Block

**Decision rationale:** The request for confirmatory medial branch block of bilateral L4-5 & L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques, such as facet joint injections, are not recommended. In addition, the Official Disability Guidelines note facet joint diagnostic 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 recommend 1 set of diagnostic medial branch blocks is required with the response of greater than 70%. The pain response should be approximately 2 hours of lidocaine. 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 therapy including home exercise, physical therapy, NSAIDs prior to the procedure for at least 4 to 6 weeks. The clinical documentation submitted indicated the injured worker had undergone a medial branch block at the L4-5, L5-S1 level on 07/11/2014. However, the documentation submitted indicated the injured worker only had 50% alleviation; the guidelines recommend greater than 70% response for the blocks. The request submitted failed to provide the number of blocks to be given. Therefore, the request is not medically necessary.