

Case Number:	CM14-0137763		
Date Assigned:	09/05/2014	Date of Injury:	05/03/2007
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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 and Rehabilitation has a subspecialty in Interventional Spine 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 45 year old female with an injury date of 05/03/07. Based on 07/07/14 progress report provided by [REDACTED], the patient complains of right sided low back pain that radiates to right lower extremity into foot. Pain is rated 5/10. She continues to be as active with stretching and home exercise program. Patient states "not having been able to exercise as much as she would like due to an increase of pain in knees." Her current medications include Norco and Naproxen Sodium. Physical Examination 07/07/14- Lumbar Spine: tenderness to palpation over right lumbar musculature. Positive facet loading at L3-4, L4-5, L5-S1 on the right. Negative slump test. ROM decreased on all planes with pain on flexion and extension. Muscle spasms with active trigger points with twitch response elicited to buttock and thoracic region.- Lower Extremity: reflexes are normal. Negative straight leg raise. MRI of Lumbar Spine 07/26/13 based on progress report 07/07/14- Dextroscoliosis with degenerative disc disease and facet arthropathy and L4-5 mild caudal leftneural foraminal narrowing. Diagnosis 07/07/14- Facet arthropathy of right lumbar spine at L4-5, and L5-S1- Myofascial pain syndrome with active triggers- Lumbago [REDACTED] is requesting: 1. Norco 10/325mg #902. Naproxen 550mg #603. Right medial branch block at L4-L5, L5-S1 and if successful, rhizotomy The utilization review determination being challenged is dated 07/31/14. The rationale follows: 1. Norco 10/325mg #90: functional improvement or pain relief with VAS scores pre- and post-opioid use, pain contract and UDS are not documented 2. Naproxen 550mg #60: significant functional/vocational benefit with the use of NSAIDs is not documented. NSAIDs should be used for short duration 3. Right medial branch block at L4-L5, L5-S1 and if successful, rhizotomy: exam findings identify that the patient's pain is primarily facetogenic, so MBB at L4-5, L5-S1 is certified, however Rhizotomy is not certified because "treating physician has not yet performed diagnostic medial branch blocks and assessed

the outcome." [REDACTED] is the requesting provider, and he provided treatment reports from 11/05/13 - 07/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,61.

Decision rationale: Patient presents with Facet arthropathy of right lumbar spine, myofascial pain syndrome and lumbago. The request is for Norco 10/325mg #90. Her pain is rated 5/10 and she continues with her home exercise program. She is already taking Norco and Naproxen Sodium. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, while the treater provides patient's pain rating of 5/10 per progress report dated 07/07/14, a "pain assessment" that includes current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief is not documented in review of reports. The four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS therefore Norco 10/325 mg #90 is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,61.

Decision rationale: Patient presents with Facet arthropathy of right lumbar spine, myofascial pain syndrome and lumbago. The request is for Naproxen 550mg #60. Her pain is rated 5/10 and she continues with her home exercise program. She is already taking Norco and Naproxen Sodium. Regarding NSAIDs (non-steroidal anti-inflammatory drugs), MTUS pgs.67,68 states: "Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo

and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Progress report dated 02/10/14 states that patient was prescribed Trial of Naproxen 550mg #60. More than 5 months have passed since first prescription and utilization review date of 07/31/14. Per guidelines, NSAIDs are to be used for short-term relief. Effectiveness of functional improvement has not been documented therefore Naproxen 550mg #60 is not medically necessary.

Right medical branch block at L4-L5, L5-S1 and if successful, rhizotomy: Upheld

Claims Administrator 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) section Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guideline, low back, online for diagnostic facet blocks: (http://www.odg-twc.com/odgtwc/low_back.htm#Facetinjections) Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. (Cohen, 2007) (Bogduk, 2000) (Cohen2, 2007) (Mancchukonda, 2007) (Dreyfuss, 2000) (Manchikanti2, 2003) (Datta, 2009) Etiology of false positive blocks: Placebo response (18-32%), use of sedation, liberal use of local anesthetic, and spread of injectate to other pain generators. The concomitant use of sedative during the block can also interfere with an accurate diagnosis. (Cohen, 2007) MBB procedure: The technique for medial branch blocks in the lumbar region requires a block of 2 medial branch nerves (MBN). The recommendation is the following: (1) L1-L2 (T12 and L1 MBN); (2) L2-L3 (L1 and L2 MBN); (3) L3-L4 (L2 and L3 MBN); (4) L4-L5 (L3 and L4 MBN); (5) L5-S1: the L4 and L5 MBN are blocked, and it is recommended that S1 nerve be blocked at the superior articular process. Blocking two joints such as L3-4 and L4-5 will require blocks of three nerves (L2, L3 and L4). Blocking L4-5 and L5-S1 will require blocks of L3, L4, L5 with the option of blocking S1. (Clemans, 2005) The volume of injectate for diagnostic medial branch blocks must be kept to a minimum (a trace amount of contrast with no more than 0.5 cc of injectate), as increased volume may anesthetize other potential areas of pain generation and confound the ability of the block to accurately diagnose facet pathology. Specifically, the concern is that the lateral and intermediate branches will be blocked; nerves that innervate the paraspinal muscles and fascia, ligaments, sacroiliac joints and skin. (Cohen, 2007) Intraarticular blocks also have limitations due to the fact that they can be technically challenging, and if the joint capsule ruptures, injectate may diffuse to the epidural space, intervertebral foramen, ligamentum flavum and paraspinal musculature.

(Cohen, 2007) (Washington, 2005) (Manchikanti, 2003) (Dreyfuss, 2003) (BlueCross BlueShield, 2004) (Pneumaticos, 2006) (Boswell, 2007) (Boswell2, 2007) A recent meta-analysis concluded that there is insufficient evidence to evaluate validity or utility of diagnostic selective nerve root block, intra-articular facet joint block, medial branch block, or sacroiliac joint block as diagnostic procedures for low back pain with or without radiculopathy. (Chou2, 2009) This study suggests that proceeding to radiofrequency denervation without a diagnostic block is the most cost-effective treatment paradigm, but does not result in the best pain outcomes. (Cohen, 2010) See also Facet joint pain, signs & symptoms; Facet joint radiofrequency neurotomy; Facet joint medial branch blocks (therapeutic injections); & Facet joint intra-articular injections (therapeutic blocks). Also see Neck Chapter and Pain Chapter. Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation.

Decision rationale: Patient complains of right sided low back pain that radiates to right lower extremity into foot. The request is for Right medial branch block at L4-L5, L5-S1 and if successful, rhizotomy. Her diagnosis include Facet arthropathy of right lumbar spine, myofascial pain syndrome and lumbago. Her pain is rated 5/10 and she continues with her home exercise program. She is already taking Norco and Naproxen Sodium. Regarding facet injections to the lumbar spine, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. Patient presents with radicular symptoms. Request for Right medial branch block at L4-L5, L5-S1 is not indicated by guidelines. With regards to the second part of same request, "and if successful, rhizotomy," ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, pages 300-301: "Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Right medial branch block at L4-L5, L5-S1 is not indicated for this case, and assessment of outcome for the requested rhizotomy procedure will not be made therefore Right medial branch block at L4-L5, L5-S1 and if successful, rhizotomy is not medically necessary.