

<b>Case Number:</b>	CM14-0158995		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Texas and 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 patient is a 48 year old male who was injured on 4/5/2012. The diagnoses are bilateral knee pain, cervical spine degenerative disease, and low back and right elbow pain. There are associated diagnoses of insomnia, anxiety disorder and severe depression. The past surgery history is significant for total knee replacement. The patient completed physical therapy (PT), lumbar and cervical epidural steroid injections without any pain relief. The MRI of the lumbar spine showed degenerative disc disease. The 9/12/2014 noted subjective complaint of pain score of 6/10 with medication and 8/10 without medications on a pain scale of 0 to 10. The patient complained of neck pain radiating to the upper extremities associated with numbness and tingling sensations. There were objective findings of decreased range of motion with positive facet loading at the cervical and lumbar spines. There was paraspinal muscle tenderness. The medications are MSContin and Norco for pain. It was noted that the patient may have discontinued Lyrica, Celebrex and Cymbalta without giving reasons. It is unclear if the patient is still utilizing amitriptyline for the treatment of depression. The urine drug screening (UDS) on 7/18/2014 was reported as consistent. The patient is awaiting appointment for orthopedic and pain psychologist consultations. A Utilization Review determination was rendered on 9/17/2014 recommending non-certification for median branch block L4, L5 Sacral ala nerve 6 bilateral and omeprazole 40mg. A Utilization Review determination was rendered on 9/17/2014 recommending non certification for median branch block L4,L5 Sacral ala nerve 6 bilateral and omeprazole 40mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One medial branch block at L4, L5, and sacral ala (nerves 6), both sides:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Low Back

**Decision rationale:** The CA MTUS did not address the use of facet injections in the treatment of low back pain. The Official Disability Guidelines (ODG) guidelines recommend that lumbar and sacral facet median branch blocks can be utilized for the treatment of non- radicular low back pain of facet origin when conservative treatment with medications and physical therapy (PT) have failed. The records showed that the patient was previously treated with epidural steroid injection for lumbar radiculopathy pain. He had subjective and objective findings consistent with lumbar radiculopathy. The radiological report did not show significant facet arthropathy or spondylosis. The patient reported headaches after cervical epidural injection and no pain relief after lumbar epidural steroid injection. There is a pending Consultation for a Pain Psychologist to address the significant severe depression, anxiety and non- compliance with medication management. The criterion for bilateral L4, L5 sacral ala nerve 6 median branch block was not met; therefore, this request is not medically necessary.

**One prescription of Omeprazole 40 mg:** 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 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**Decision rationale:** The CA MTUS and the Official Disability Guidelines (ODG) guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of non-steroidal anti-inflammatory drugs (NSAIDs) associated gastrointestinal complications. The chronic use of NSAIDs is associated the increased risk of cardiac, renal and gastrointestinal complications. The records did not indicate that the patient have a history of gastrointestinal disease. The patient is not currently reporting gastrointestinal symptoms or utilizing any NSAID. The criterion for the use of omeprazole 40mg was not met; therefore, this request is not medically necessary.