

Case Number:	CM14-0176589		
Date Assigned:	10/30/2014	Date of Injury:	11/13/2003
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Practice 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:

55 year old male claimant sustained a work injury on 11/13/03 involving the right hip and low back. He was diagnosed with lumbar radiculitis and lumbago. He underwent a lumbar laminectomy and developed post-laminectomy syndrome. HE had been on Norco for pain since at least 2012. A progress note on 9/16/14 indicated the claimant had continued low back pain. Exam findings were notable for lumbar facet tenderness, decreased extension and reduced side bending. He was continued on Norco 10/325 mg -2 tablets every 4 hours and a request was made for 3 lumbar medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #270 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or

compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for 2 years without significant improvement in pain or function. The continued use of Norco is not medically necessary.

Three L3-S1 lumbar medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Backpain

Decision rationale: According to the guidelines, medial branch blocks are not recommended except as a diagnostic tool. There is only one study in 2005- Pain physician that stated that there was moderate evidence for the use of lumbar medial branch blocks for the treatment of chronic lumbar spinal pain. The average relief per procedure was 11.9 3.7 weeks. The average number of treatments was 3.7. As noted in the guidelines, there is limited evidence for its use and the relief is only short-term. There was no indication for diagnostic use of the blocks. Based on the guidelines, the request for 3 medical branch blocks is not medically necessary.