

Case Number:	CM14-0179216		
Date Assigned:	11/03/2014	Date of Injury:	10/25/1990
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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 Neurology, has a subspecialty in Neuromuscular and is licensed to practice in New Jersey. 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 64-year-old woman who sustained a work related injury on October 25, 1990. Subsequently, she developed chronic low back pain. She has a history of lumbar fusion. CT of the lumbar spine performed on July 11, 2014 showed a scoliosis, which is contributing to recess/foraminal stenosis as a result of bony involvement contributed to by severe facet arthropathy above the levels of her fusion. According to a progress report October 2, 2014, the patient complained of chronic low back pain as well as numbness, tingling, weakness, and pain involving the right lower leg and extending to the toes. She has undergone 7 lumbar surgeries, including lumbar fusion, the last being on April 22, 2013. She also complained of bilateral hip pain due to gait abnormalities referred from her low back issues. She has had successful right hip bursa cortisone injections. The patient reported that the average pain without medications is an 8/10 and with medications a 3/10. Examination of the lumbar spine revealed tenderness L3 to L5 bilaterally with 30% loss of range of motion at all planes. Sitting straight leg raise was positive bilaterally. There was no evidence for sensory loss. Deep tendon reflexes in the upper and lower extremities were normal bilaterally. A urine drug screening performed on June 12, 2014, was consistent. The patient was diagnosed with lumbosacral spondylosis without myelopathy and post-laminectomy syndrome lumbar region. The provider requested authorization for bilateral medical branch block at L3-4 and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medical branch block at L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar & Thoracic) (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According MTUS guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. According to Official Disability Guidelines (ODG) facets injections, are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti , 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. Furthermore and according to ODG guidelines, criteria for use of therapeutic intra-articular and medial branch blocks are as follows: No more than one therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive); no more than 2 joint levels may be blocked at any one time; and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. In this case, there is no documentation of facet mediated pain and no clear evidence or documentation that lumbar and sacral facets are main pain generator. The patient has decreased sensation in the lumbosacral distribution suggesting the diagnosis of radiculopathy. The patient has a history of lumbar fusion and medial branch block is not recommended after fusion. Therefore, the medial branch block bilateral at L3-4 is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; and office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, she continued to have back pain despite the use of Norco. There is no objective documentation of pain and functional improvement to justify continuous use of Norco. Therefore, the prescription of Norco 10/325MG #180 is not medically necessary.