

Case Number:	CM14-0025153		
Date Assigned:	06/11/2014	Date of Injury:	04/20/2003
Decision Date:	07/15/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 40-year-old female who sustained an injury on 04/20/03 when she slipped and fell developing multiple complaints in the low back shoulder and cervical spine. The injured worker had multiple surgical interventions for the lumbar spine including artificial disc replacement and lumbar fusion from L4 through S1. The injured worker was followed for chronic low back pain consistent with post-laminectomy syndrome and comorbid depression symptoms due to chronic pain. Other complaints included right knee pain and the injured worker had a recent arthroscopic procedure to address chondromalacia. The injured worker was receiving physical therapy in 09/13. The injured worker was seen on 10/09/13 by [REDACTED]. The injured worker had complaints of ongoing pain in the lumbar spine and cervical spine. The injured worker also described pain radiating through the lower extremities with associated paresthesia. On physical examination the injured worker had tenderness to palpation in the paravertebral musculature of the lumbar spine from L3 through S1. There was also tenderness to palpation of the cervical spine and upper thoracic spine. Multiple medications were continued at this visit including hydrocodone 10/325mg utilized every four hours for pain in conjunction with MS Contin 15mg one to two tablets three times a day. Follow up with [REDACTED] on 11/06/13 noted the injured worker was finding benefit with the use of MS Contin. It was unclear what the response was to Norco. The symptoms were unchanged with pain reduced to 5-9/10 with medications. The injured worker had minimal physical activities. Trigger point injections were done at this visit at the trapezius. Further trigger point injections at the trapezius and rhomboids were performed on 12/18/13 follow up with [REDACTED] on 01/31/14 noted continuing complaints in the low back to the right side around L5-S1. Physical examination continued to note limited range of motion in the lumbar spine with positive straight leg raise signs. The injured worker was recommended to undergo facet joint injections to the right at L5-S1. The requested lumbar

medial branch blocks to the right at L5-S1 and hydrocodone 10/325mg #180 with one refill were denied by utilization review on 02/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR MEDIAL BRANCH BLOCK AT RIGHT LUMBAR 5 - SACRAL 1: Upheld

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

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

Decision rationale: In regards to the request for lumbar medial branch blocks at L5-S1, this reviewer would not have recommended this procedure as medically necessary based on clinical documentation submitted for review and Official Disability Guidelines (ODG). The clinical documentation submitted for review noted persistent radicular symptoms in the lower extremities. The most recent evaluation from [REDACTED] did not specifically identify objective findings consistent with facet-mediated pain in the lumbar spine. There was no clear tenderness over the facets or any evidence of pain with facet loading. Additionally imaging studies clearly showed prior operative changes from L4 through S1 consistent with lumbar fusion and artificial disc replacement. Official Disability Guidelines (ODG) do not recommend the use of medial branch blocks in injured workers who have previously undergone lumbar fusion procedures to the lumbar spine at the targeted levels. As the clinical documentation submitted for review does not meet guideline recommendations regarding the use of medial branch blocks, the request is not medically necessary.

1 PRESCRIPTION OF HYDROCODONE/APAP 10/325 MG #180 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Hydrocodone 10/325mg #180 with one refill, this reviewer would not have recommended this procedure this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. In regards to the use of Hydrocodone 10/325mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per Chronic Pain Medical Treatment Guidelines, the use of a short acting narcotic such as Norco can be considered an

option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long-term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Norco given the long-term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, the request cannot be deemed as medically necessary.