

<b>Case Number:</b>	CM14-0031389		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/01/1978
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 has a 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 injured worker is a 84-year-old male injured on May 1, 1978. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 17, 2014, indicated that there were ongoing complaints of upper, middle and lower back pain as well as pain in the arms, legs, and neck. Pain was stated to be 10/10 on the visual analog scale without medications and 5/10 on the visual analog scale with medications. The physical examination demonstrated an unstable gait. There was tenderness along the lumbar spine with decreased range of motion in flexion and extension. There was a normal neurological examination. Diagnoses consisted of chronic pain due to trauma, myalgias, myositis, failed back surgery syndrome, lumbar spinal stenosis and lumbar degenerative disc disease. Norco was prescribed. A request had been made for tramadol, Nuvigil, hydrocodone and a radiofrequency lumbar medial branch nerve block and was not medically necessary in the pre-authorization process on February 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL HCL/ ACETAMINOPHEN 37.5/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

**Decision rationale:** According to the medical records supplied, there is no documentation of the injured employee's previous efficacy with the use of tramadol/acetaminophen to include specific reduction in pain from this medication, its ability to increase the injured employee's level of function or improve his quality of life. There is also no mention of its potential side effects or a screening for abuse and addiction. For these reasons, this request for tramadol/acetaminophen is not medically necessary.

**NUVIGIL 150MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and FDA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Armodafinil (Nuvigil), updated June 10, 2014.

**Decision rationale:** Nuvigil is a medication used to treat narcolepsy and other conditions of excessive daytime sleepiness such as to counter the sedation effects of narcotics. According to the most recent medical record provided, the injured employee does not have a diagnosis of narcolepsy or other problems with sleepiness. Furthermore, this medication is not recommended by the Official Disability Guidelines. For these reasons, this request for Nuvigil is not medically necessary.

**HYDROCODONE/BIT/ ACETAMINOPHEN 10MG/325MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, long-term assessment Page(s): 88.

**Decision rationale:** The previous utilization management review, dated February 26, 2014, stated there was no documentation of pain relief or side effects associated with hydrocodone/acetaminophen. According to the medical note dated June 17, 2014, the injured employee reported to be taking Norco with 50% pain relief. There were neither complaints of any side effects with this medication nor history of any drug abuse or misuse or other red flags. There was assigned opiate agreement and consistent drug testing. Considering this, the request for hydrocodone/acetaminophen is medically necessary based Chronic Pain Medical Treatment Guidelines.

**RADIOFREQUENCY LUMBAR MEDIAL BRANCH NERVE BLOCK AT L2, L3, L4, L5 LEFT SIDE ONLY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy, updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, such joint radiofrequency neurotomy is not to be performed at more than two joint levels at the same time. Additionally, the attached medical record does not state that there has been significant pain relief from a previous facet joint diagnostic block. For these reasons, this request for a radiofrequency lumbar medial branch block at L2, L3, L4 and L5 is not medically necessary.