

<b>Case Number:</b>	CM14-0038489		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/27/13. A utilization review determination dated 4/1/14, recommends the non-certification of tramadol and a left-sided diagnostic facet block. A 3/21/14 medical report identifies back pain with radiation to the anterior thigh and right knee and tingling in the left lateral thigh. Pain also radiates to the left knee, but it is unclear how much is from the knee. On exam, the range of motion (ROM) is decreased, with an increase in pain, and with extension and lateral bending, especially on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg # 1200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-79.

**Decision rationale:** The Chronic Pain Guidelines indicate that due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain.

Within the documentation available for review, there is no indication that the tramadol is improving. The medical records provided for review do not show evidence of the patient's function or pain (in terms of percent reduction in pain or reduced NRS). There is no documentation regarding the side effects, and no discussion regarding abnormal use. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested tramadol is not medically necessary.

**Left-sided diagnostic facet block:** 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 (updated 03/18/14), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that invasive techniques, such as local injections and facet-joint injections of cortisone and lidocaine are of questionable merit. The Guidelines also indicate that facet joint injections are not recommended. The Official Disability Guidelines recommend the use of medial branch blocks over facet joint injections if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. The Guidelines go on to recommend no more than two (2) joint levels be addressed at any given time. Within the documentation available for review, while the clinical findings are suggestive of facet joint involvement, there is no rationale for the use of facet joint injections rather than medial branch blocks as recommended by the Official Disability Guidelines. Additionally, the joint level(s) proposed for the procedure are not specified. In light of the above issues, the currently requested left-sided diagnostic facet block is not medically necessary.