

<b>Case Number:</b>	CM14-0046163		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Interventional Spine 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 patient is a 59 year-old male with a 6/28/2000 date of injury. There is limited information provided for this IMR, with a single orthopedic spine report, dated 6/23/14 from [REDACTED]. According to this report, the patient was denied L4-S1 facet injections. The patient presents with 7/10 left shoulder pain, and 8/10 low back pain that radiates down the bilateral extremities to the feet, and 7/10 bilateral knee pain. He takes Norco, temazepam, Zantac, Soma. He is reported to decreased sensation on the right L4 and S1 dermatomes. He has been diagnosed with C3-5 disc degeneration; intermittent bilateral cervical radiculopathy; left shoulder impingement; s/p 2 left shoulder surgeries without improvement; hydrocele/epididymitis surgery with ongoing pain; bilateral groin/testicular pain, probably radicular in nature; facet arthropathy L4-S1; right knee internal derangement s/p arthroscopies x2; L1-3 and L4-S1 disc degeneration; and failed spinal cord stimulator trial. On 3/19/14, UR reviewed a 2/24/14 report from [REDACTED] and recommended denial of L4-S1 facet injections bilaterally; and modified use of Norco and Soma for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injections fro L4-S1 bilaterally:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th edition (web), 2014 Low bac- Facet Joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) low back, online for diagnostic facet blocks:([http://www.odg-twc.com/odgtwc/low\\_back.htm#Facetinjections](http://www.odg-twc.com/odgtwc/low_back.htm#Facetinjections))Criteria for the use of diagnostic blocks for facet mediated pain.

**Decision rationale:** MTUS/ACOEM in the low back chapter states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. If the request was for diagnostic injections, ODG guidelines state these are: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. This IMR request is for facet injections for L4-S1 bilaterally. The denial was based on a 2/24/14 report/request from [REDACTED], which unfortunately, was not provided for this IMR. According to the 6/23/14 from [REDACTED], the patient was denied L4-S1 facet injections and presents with 7/10 left shoulder pain, and 8/10 low back pain that radiates down the bilateral extremities to the feet, and 7/10 bilateral knee pain. He takes Norco, temazepam, Zantac, Soma. He is reported to have decreased sensation on the right L4 and S1 dermatomes. He has been diagnosed with C3-5 disc degeneration; intermittent bilateral cervical radiculopathy; left shoulder impingement; s/p 2 left shoulder surgeries without improvement; hydrocele/epididymitis surgery with ongoing pain; bilateral groin/testicular pain, probably radicular in nature; facet arthropathy L4-S1; right knee internal derangement s/p arthroscopies x2; L1-3 and L4-S1 disc degeneration; and failed spinal cord stimulator trial. The single medical report provided for this IMR, notes the patient has lumbar radicular symptoms down the legs to the feet with decreased sensation in the right L4 and S1 distributions. Based on the limited information provided, the patient does not meet the ODG criteria for diagnostic facet injections, and MTUS/ACOEM does not support therapeutic facet injections. Recommendation is for non-certification and the request for Facet Injections from L4-S1 Bilaterally is not medically necessary.

**Norco 10/325mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Opioids: Criteria for use and Guidelines on Long-term Opioid use, pages Page(s): 88-89.

**Decision rationale:** The MTUS criteria for long-term use of opioids includes: Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument This IMR request is for use of Norco 10/325mg, #45. The modification/denial was based on a 2/24/14

report/request from [REDACTED], which unfortunately, was not provided for this IMR. The single report provided for this IMR is dated 6/23/14 from [REDACTED]. The presents with 7/10 left shoulder pain, and 8/10 low back pain that radiates down the bilateral extremities to the feet, and 7/10 bilateral knee pain. He takes Norco, temazepam, Zantac, Soma. [REDACTED] says the patient finds relief of discogenic and facetogenic pain in the lumbar spine with use of Norco, and the ongoing muscle spasms and guarding is helped with the Soma. This case is difficult since there is some mention that the medication may decrease pain, and baseline measurements on a numeric scale were provided, but there is no comparison of pain reduction or improved function compared to the baseline. It is not known if the 8/10 back pain is with medications or without, or if use of Norco decreases pain below 8/10. There is no mention of improved function or quality of life with use of Norco, and the reduction of pain is unknown. The request is not consistent with the MTUS criteria for long-term use of opioids. Recommendation is for denial and as such, the request for Norco 10/325mg #45 is not medically necessary.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Carisoprodol (Soma, and Muscle Relaxants for pain Page(s): 29, 63-66.

**Decision rationale:** This IMR request is for use of Soma 350mg, #90. The modification/denial was based on a 2/24/14 report/request from [REDACTED], which unfortunately, was not provided for this IMR. The single report provided for this IMR is dated 6/23/14 from [REDACTED]. The presents with 7/10 left shoulder pain, and 8/10 low back pain that radiates down the bilateral extremities to the feet, and 7/10 bilateral knee pain. He takes Norco, temazepam, Zantac, Soma. [REDACTED] says the ongoing muscle spasms and guarding is helped with the Soma. The duration and frequency of the prescription were not provided. MTUS states Soma is not recommended for use over 3-weeks. MTUS states the dosing is up to 350mg 4x/day. For #90 tablets if the patient was taking the maximum dose this would be a 23 days supply. This exceeds the MTUS 3-week limit. The request for ongoing use of Soma is not in accordance with MTUS guidelines. Recommendation is for non-certification and as such the request for Soma 350mg #90 is not medically necessary.