

<b>Case Number:</b>	CM14-0064232		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Emergency Medicine 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:

Patient is reported with date of injury on 8/13/2008. No mechanism of injury was provided for review. Patient has diagnosis of lumbar strain, spondylolisthesis L4-5, right L5 radiculopathy, facet syndrome post radio frequency procedure with no improvement, chronic right shoulder pain, sleep problems, right shoulder post arthroscopic decompression on 11/2009 and bilateral carpal tunnel syndrome. Patient is post lumbar posterior fusion on 2/13/12. The medical records have been reviewed. An operative report dated 7/1/14 and several progress notes up until 7/30/14 were provided for review. This operative report appears to be for epidural steroid injections that patient had received. It is not known if this procedure was approved by UR/IMR as required by MTUS guidelines. This report was not reviewed since prospective data does not retrospectively change the criteria for approval as per MTUS guidelines. Patient reports pain in low back and both hands. She continues to be emotionally stressed with increasing pain and anxiety. Patient reportedly fell and injured L wrist on 3/20/14 and went to an ED because she ran out of her Norco. She cries due to pain nor does she exercise due to pain and activity of daily living is limited. Her pain is 9/10 and keeps her awake at night. She is noted to be constipated and has dyspepsia. Norco reportedly decreases pain by 50%. Objective exam reveals normal gait. Shifting on the exam table noted. Neck range of motion (ROM) is normal. ROM of shoulders is mildly decreased left more than right. ROM of lumbar spine is moderately decreased. Noted tenderness to lumbar sacral junction, sacroiliac joint, and right side is positive for Patrick and Galen test. Bilateral wrist is positive for Phalen and Tinel's test. There is noted tenderness to L2-3 and L5-S1 region. Spasms noted to right paraspinal region. Strength in right leg is mildly decreased with diminished sensation at S1 and L5-S1 region. There is positive straight leg on the right side. Patient has had reported EMG/NCVs supporting diagnosis of bilateral carpal tunnel syndrome and lumbar radiculopathy but those reports were not provided for review. An MRI of

lumbar spine (5/13/14) reveals L2-3 disc pathology with 3-4mm R parasagittal bulge causing severe foraminal stenosis and mild-moderate L foraminal stenosis. Facet arthropathy noted. Canal stenosis at L2-3 level. Fusion at L3-4 is intact. Medication list include Xartemis, Lyrica, Nabumetone, Cymbalta, Trazodone and Norco and also reportedly to on Tizanidine. Patient has had repeated lumbar epidural steroid injections (over 6) with last reported on 2/2011. Independent Medical Review is for consultation with interventional pain management for evaluation for medial branch blocks of lumbar facets as trial for rhizotomy Vs. Epidural Steroid Injection specific to lumbar region; Norco 10/325 #60 and Xartemis XR 7.5/325mg #120. The original request was dated 4/14/14. Prior UR on 4/20/14 recommended non-certification for consultation and Xartemis XR. It modified Norco to #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 Consultation with Interventional Pain Management Physician to evaluate efficacy of medial branch blocks of the lumbar facets and if successful for radio frequency rhizotomies of the same to reduce focal pain aggravated by lumbar rotation and extension vs. epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI) Page(s): 46.

**Decision rationale:** Since consultation to an Interventional Pain Specialist is for lumbar facet block and Epidural Steroid Injection, this review will consider indications for both procedures to determine need for consultation. Medial Branch Facet Block: As per ACOEM Guidelines, medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. Patient's pain is chronic. Any plan for a neurotomy at lumbar spine region is also not supported by ACOEM guidelines therefore the requested medial branch blocks are not medically necessary. Epidural Steroid Injection: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. As documented by requesting physician, ESI is for to reduce pain. There is no long term goal and therefore fails Criteria. As clearly stated in MTUS Chronic pain guidelines, patient has to meet all criteria before ESI can be recommended. The treating physician has failed to document any objective response to multiple prior ESI. There is no actual documentation of objective response to prior ESI with no documentation of decrease in pain medication use or improvement in activities of daily living (ADL). The request and documentation does not meet criteria and is not medically necessary. Since patient does not meet criteria for a medial branch block for potential rhizotomy or epidural steroid injection; the request for consultation to an Interventional Pain Management specialist is not medically necessary.

**60 Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. Documentation states that Norco improves pain by 50% however; there is no objective documentation of this improvement. There is no noted improvement in function and patient is noted to be having severe pain even with current opioid therapy. Patient has noted side effects of opioids including nausea and constipation. There is no documentation of proper assessment for abuse. She was documented to be having falls and going to ERs for pain medicines. Norco 10/325mg #60 is not medically necessary.

**120 Xartemis XR 7.5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 94-95, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Xartemis XR is Acetaminophen and Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. Documentation does not document objective improvement. There is no noted improvement in function and patient is noted to be having severe pain even with current opioid therapy. Patient has noted side effects of opioids including nausea and constipation. There is no documentation of proper assessment for abuse. Patient was documented to be having falls and going to ERs for pain medicines. The number of tablets requested is excessive and does not meet MTUS Chronic pain guideline requirement for appropriate monitoring. Xartemis XR 7.5/325mg #120 is not medically necessary.