

<b>Case Number:</b>	CM14-0096937		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/11/1991
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Surgeon 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 58-year-old male who reported an injury on 04/11/1991. The mechanism of injury was not provided. Diagnoses included disc disorder, lumbar, low back pain, spasm of muscle. Diagnostic tests include lumbar spine x-ray and a CT scan of the lumbar spine. Surgical history included interbody fusion at L4-5 levels. On 07/25/2014, the injured worker complained of low back pain. His pain scale was 6/10 with medication and 9/10 without medications. Duragesic and Norco bring the pain from an 8/10 to 2/10. There were no problems or side effects. The patient was taking his medication as prescribed. The injured worker had a CT scan of the neck. He noted increased lumbar PSP muscle spasm in the past month and had previous relief with Skelaxin. The injured worker was working overtime. He often lifted up to 80 pounds and maneuvered 300 pound timbers. He noted that he was bouncing in the yard when he was driving, climbing up and down steps from the forklift constantly. He noted that the medication is helpful to decrease his pain so that he can continue to work more full time. Urine drug screen from 09/21/2012 confirmed positive results for opiates, fentanyl, tramadol and Ethyl Glucuronide. Previous trigger points had some relief of pain with improved activity tolerance and range of motion of the lumbar spine. He was able to walk and sit for 8 hours a day. Current medications included Theragesic 25 mcg/hour patch 1 every 72 hours; ibuprofen 800 mg one 3 times a day and after meals as needed for pain; Norco 10/325 one to 2 every 6-8 hours as needed for pain, maximum 5 a day; Voltaren 1 mg gel applied to affected body part 2-3 times a day; Skelaxin 800 mg 1 daily as needed; Tegaderm 20 mcg duragesic patch; omeprazole 20 mg 1 daily; and Lidoderm 5 mg patch 1 patch for 12 hours per day as needed. Treatment plan included medications. The rationale for was not provided. The request for authorization for the lumbar facet joint injection was dated 06/04/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Lumbar Facet Joint Injection (Site: L3-L4, L4-L5 and L5-S1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The request for left lumbar facet joint injection site L3-4, L4-5, and L5-S1 is not medically necessary. The injured worker has a history of back pain. The CA MTUS/ACOEM guidelines on invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. Guidelines do not support facet injections in patients who had previous fusions or who are anticipating surgical procedure. The injured worker had a previous fusion at L4-5, making this level not recommended by the guidelines standards. The guidelines also recommend only 2 levels per injection. The request is for 3 levels. As such, the request is not medically necessary.

### **Norco 10/325mg #18: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list,, and Opioids, criteria for use Page(s): 91, 78.

**Decision rationale:** The request for Norco 10/325 mg #18 is not medically necessary. The injured worker has a history of back pain. The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is lack of documentation of the length of for pain relief, if there are any side effects, and if there is any drug related behavior. For opioids there also needs to be a urine drug screen performed periodically to show compliance with medication and that the medication is not being misused. The request does not have a frequency for the use of said medication. As such, the request is not medically necessary.

