

<b>Case Number:</b>	CM14-0188301		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	11/01/1991
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture 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:

65 year old male with a date of injury 11/91 with associated lower back pain. He has been given the diagnoses of lumbar spondylosis and neuropathic pain. The pain was described as aching, deep, and worse in the morning. It was elicited by bending. It impaired his activities of daily living. MRI imaging demonstrated lumbar facet arthropathy. Treatment to date has included medication management, provision of a brace, implantation and then removal of spinal cord stimulator, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Lumbar Medial Branch Block Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301.

**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; facet joint diagnostic blocks (injections)

**Decision rationale:** The MTUS is silent on facet injections and medial branch blocks. Per the ODG guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool, citing minimal evidence for treatment. The documentation submitted for review indicates that the injured worker indeed has no physical exam findings consistent with radiculopathy.

Furthermore, this procedure was very helpful on the contralateral side. The request is medically necessary.

**(1) Prescription of Norco 5/325 mg, #75: 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): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids "Four domains 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. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function or screening for risk, medical necessity cannot be affirmed.

**(1) Prescription of Nortriptyline HCL 25 mg, #60 with 5 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

**Decision rationale:** It should be noted the UR physician certified the use of this medication but limited the number of refills. Per MTUS guidelines with regard to the use of antidepressants for chronic pain "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. I respectfully disagree with the UR physician's assertion that refills are not indicated. The MTUS does not state that. The request is medically necessary.