

<b>Case Number:</b>	CM14-0189962		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	02/14/2010
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 14, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; opioid therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated October 16, 2014, the claims administrator failed to approve a request for medial branch blocks, Nucynta, and Norco. The claims administrator stated that its decision was based on an October 9, 2014 RFA form and/or associated progress note of October 8, 2014. The applicant's attorney subsequently appealed. In said October 8, 2014 office visit, the applicant reported ongoing complaints of chronic, severe neck and low back pain status post earlier failed lumbar fusion surgery. The applicant was having difficulty performing activities of daily living as basic as standing, walking, and bending, it was acknowledged. The attending provider then stated that Nucynta and Norco were helping the applicant's pain complaints. This was not quantified, however. The applicant was apparently in the process of applying for disability. It was stated in one section of the note that the applicant was applying for disability while another section of the note stated that the applicant was receiving disability. Other sections of the note stated that the applicant was not represented, while the applicant's attorney's name was listed atop of the report, somewhat incongruously. The applicant's medications list included Flexeril, Neurontin, Nucynta extended release, and Zocor. The applicant's BMI was 23. The applicant was using a cane to move about. The applicant was having complaints of low back pain radiating into the legs, it was acknowledged. The applicant was asked to continue Nucynta and Norco while increasing Cymbalta. It was stated that the applicant should pursue bilateral medial branch blocks for back pain above the level of the fusion, L1 through L3. An earlier progress note of June 9, 2014 was

also notable for comments that the applicant was off of work, on total temporary disability. A spinal cord stimulator trial had apparently been unsuccessful, it was noted. The applicant was asked to continue Norco, Nucynta, the latter at the rate of six tablets a day, and consider Cymbalta. The applicant was again placed off of work.

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

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

#### **Bilateral MBB L1, 2, 3: 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 Back, Facet Joint Diagnostic Blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 309; 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, of which the medial branch blocks at issue are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does acknowledge that there is a limited role for medial branch diagnostic blocks in applicants who are considering facet neurotomy procedures, in this case, however, it is far from certain that the applicant's back pain is in fact facetogenic. The applicant was described on the office visit in question of October 8, 2014, referenced above, as exhibiting persistent complaints of low back pain radiating into legs, suggestive of an active lumbar radicular process. The applicant had earlier undergone lumbar fusion surgery, again suggesting the presence of an active radicular process. The applicant was using gabapentin, an anticonvulsant adjuvant medication, again presumably for radicular pain complaints. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

#### **Nucynta ER 250mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant is receiving both Workers' Compensation indemnity benefits and disability insurance benefits, the applicant's pain management physician suggested on several office visits referenced above, of late 2014. While the attending provider stated that the applicant was deriving some analgesia with the medications

in question, this was neither quantified nor expounded upon and is, furthermore, outweighed by the applicant's seeming failure to return to work as well as the attending provider's failure to outline any material improvements in function achieved as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. The applicant is receiving both Workers' Compensation indemnity and disability insurance benefits, it was suggested on several office visits, referenced above. While the attending provider did state that the applicant's medication consumption had proven beneficial, this was neither elaborated nor expounded upon and is, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.