

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0198104 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 09/10/2013 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 11/18/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 10, 2013. In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve a request for L3-L4 medial branch blocks. Zorvolex and Zohydro were also denied. Tramadol, Colace, Senna, and Norco, it is incidentally noted, were approved. The claims administrator stated that its decisions were based on historical Utilization Review Reports of September 2, 2014 and October 22, 2014 as well as an RFA form of November 6, 2014. The applicant's attorney subsequently appealed. Lumbar MRI imaging of December 30, 2013 is notable for lateral disk-osteophyte complex at L5-S1 impinging upon the left L5 nerve roots. Scattered facet arthropathy was also appreciated. In a December 4, 2014 progress note, the applicant reported ongoing complaints of neck and back pain with ancillary complaints of insomnia and constipation. The applicant stated that her pain had increased since Zohydro had been introduced. It was stated that the combination of tramadol and Zorvolex were attenuating the applicant's pain complaints. The applicant was still using Norco for breakthrough pain. The applicant had issues with prolonged sitting and prolonged standing secondary to pain, it was acknowledged. The applicant's sleep was still disturbed. The applicant has reported six to nine nightly sleep interruptions. Well-preserved, 5/5 lower extremity strength was appreciated with some facet tenderness. The applicant was also described as using Neurontin to "reduce neuralgia in his legs." The applicant was given continued work restrictions. It did not appear that the applicant was working with a rather proscriptive 5-pound lifting limitation in place. On November 6, 2014, the applicant again reported heightened complaints of low back pain, exacerbated by weight bearing. The applicant also reported issues with insomnia. The applicant was using Zohydro, tramadol, Zorvolex, and Norco, the attending provider acknowledged. Medial branch blocks were previously sought, the attending provider acknowledged. The

attending provider acknowledged that the applicant's ability to perform activities of daily living had been significantly limited by the severity of the applicant's pain. The applicant still reported frequent sleep interruptions and difficulty with prolonged sitting and standing activities. The applicant was described as having disabling pain. The applicant was severely obese, with a BMI of 38. A rather proscriptive 5-pound lifting limitation was again endorsed, seemingly resulting in the applicant's removal from the workplace. The attending provider did state that the applicant's medications were helpful but did not elaborate or expound upon the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS Guideline in ACOEM 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." In this case, it is noted that there is considerable lack of diagnostic clarity present here. The applicant continues to report low back pain radiating to the bilateral lower extremities, which the attending provider has acknowledged are the result of an ongoing lumbar radicular process. The applicant is using Neurontin, an anticonvulsant adjuvant medication, for the same. The applicant has a history of radiographically-confirmed lumbar radiculopathy with evidence of a large disk herniation at the L5-S1 level generating associated nerve root impingement. All of the foregoing, taken together, argues against the presence of any bona fide facetogenic pain for which the medial branch block at issue could be considered. Therefore, the request is not medically necessary.

Left L3 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, of which the medial branch block at issue is a subset, are deemed "not recommended." In this case, it is noted that there is considerable lack of diagnostic clarity present here as the applicant's primary pain generator appears to be an active lumbar radiculitis process secondary to a large disk herniation at L5-S1. 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.

Right L4 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, 309.

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 is a subset, are deemed "not recommended." While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks as a precursor for lumbar facet neurotomy procedures, in this case, however, it does not appear that the applicant's primary pain generator is, in fact, facetogenic low back pain/diskogenic low back pain for which the medial branch block at issue could be considered. Rather, it appears that the applicant's primary pain generator is lumbar radiculopathy secondary to a large herniated disk at the L5-S1 level. The applicant continues to report complaints of low back pain radiating to the legs and is using Neurontin, an anticonvulsant adjuvant medication for ongoing radicular 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. Accordingly, the request is not medically necessary.

Left L4 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks as a precursor to pursuit of radiofrequency neurotomy procedures, the overall ACOEM position on facet joint injections, as a class, in Chapter 12, Table 12-8, page 309 is "not recommended." Here, as with the other requests for medial branch blocks, there is a considerable lack of diagnostic clarity present here. The applicant's primary pain generator appears to be a large herniated disk at the L5-S1 level generating associated symptoms of lower extremity radicular pain. 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.

Zohydro 10 mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zohydro

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, and When to Continue Opioids Page(s). Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Zohydro Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Zohydro, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Zohydro is an opioid agonist indicated for pain severe enough to require daily, around-the-clock analgesia in applicants in whom alternate treatment options are inadequate. In this case, the applicant's concomitant usage of multiple other opioid agents, including Norco and Tramadol, would seemingly obviate the need for Zohydro extended release. Furthermore, the applicant has already used Zohydro for some time, despite the unfavorable FDA label. The applicant does not seemingly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant is off of work. The applicant does not appear to be working with a rather proscriptive 5-pound lifting limitation in place. While the attending provider did report that the applicant's combination of pain medications was attenuating pain complaints, these comments are, however, 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 Zohydro usage. Therefore, the request is not medically necessary.

Zorvolex 35 mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71. Decision based on Non-MTUS Citation Medical literature provided by the drug manufacturer, Novartis (2004) Voltaren (diclofenac)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Antiinflammatory Medications Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant is off of work. A rather proscriptive 5-pound lifting limitation remains in place, seemingly unchanged, from visit to visit. Ongoing usage of Zorvolex (diclofenac) has failed to curtail the applicant's dependence on opioid agents such as

Zohydro, Norco, and Tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zorvolex (diclofenac). Therefore, the request is not medically necessary.