

<b>Case Number:</b>	CM15-0007605		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/23/2003
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 40 year old male, who sustained an industrial injury to neck and low back on 6/23/2003. He has reported back, knee and leg pain. The diagnoses have included lumbar spondylosis, lumbar radiculopathy, and lumbago. Treatment to date has included medication, diagnostics, lumbar epidural injections and therapeutic exercise. Currently, the IW complains of low back and leg pain. The injured worker states that the first injection relieved the pain but the second one did not. He is complaining of axial low back pain described as constant. The pain is rated 8/10 at the worst and currently 6/10. The physical exam revealed palpation of the cervical facet was tender. There is pain with extension, flexion and rotation. Spurling test was positive and gait was abnormal. Palpation of the lumbar facet reveals pain bilaterally. The straight leg raise was positive bilaterally and there was intermittent tingling in arms and legs bilaterally. On 12/29/14 Utilization Review non-certified a request for Bilateral facet medial branch block at L4, L5 and S1, quantity 1, Topical cream with baclofen 2%, cyclobenzaprine, flurbiprofen 15%, lidocaine 5%, hyaluronic acid 0.2% 240gm with 1 refill, Ultracet 37.5, quantity 60 and Urine drug screen; quantity 1, noting the injured worker does not to have facet mediated symptoms and therefore the requested injection is not appropriate. Regarding the Topical cream with baclofen 2%, cyclobenzaprine, flurbiprofen 15%, lidocaine 5%, hyaluronic acid 0.2% 240gm with 1 refill contains products that are not supported by the guidelines for topical use. Regarding Ultracet 37.5, quantity 60 the pain was constant and without functional improvement from other opiates, introduction of another opioid medication is not warranted. Regarding the Urine drug screen; quantity 1 the IW had a previous drug screen noted 11/5/14

with no indication for repeat testing at such a short interval and opiate medications is not warranted for the IW. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines were cited.

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

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

#### **Bilateral facet medial branch block at L4, L5 and S1, quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** Bilateral facet medial branch block at L4, L5 and S1, quantity 1 are not medically necessary per the MTUS Chronic Pain and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and no more than 2 levels. The physical exam findings are radicular in nature. Therefore the request for bilateral facet medial branch block at L4, L5 and S1, quantity 1 is not medically necessary.

#### **Topical cream with baclofen 2%, cyclobenzaprine, flurbiprofen 15%, lidocaine 5%, hyaluronic acid 0.2% 240gm with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** Topical cream with baclofen 2%, cyclobenzaprine, flurbiprofen 15%, lidocaine 5%, hyaluronic acid 0.2% 240gm with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. The guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The MTUS does not support topical Baclofen for chronic pain. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for topical cream

with baclofen 2%, cyclobenzaprine, flurbiprofen 15%, lidocaine 5%, hyaluronic acid 0.2% 240gm with 1 refill is not medically necessary.

**Ultracet 37.5, quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Ultracet 37.5 quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Ultracet 37.5, quantity 60 is not medically necessary.

**Urine drug screen; quantity 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing & Steps to Take Before a Therapeutic Trial of Opioids & Ongoing management Page(s):.

**Decision rationale:** Urine drug screen; quantity 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that urine drug screens are an option, assess for the use or the presence of illegal drugs. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS in this case as the MTUS does not support opioid treatment without evidence of functional improvement. Furthermore, the patient had a urine drug screen in November 2014. The MTUS supports random urine drug screens but there is no indication the patient required an additional urine drug screen in such a narrow time frame. Additionally, as the opioids were deemed medically necessary the request for urine drug screen; quantity 1 is not medically necessary.