

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0010487 |                              |            |
| <b>Date Assigned:</b> | 01/28/2015   | <b>Date of Injury:</b>       | 08/11/2009 |
| <b>Decision Date:</b> | 04/13/2015   | <b>UR Denial Date:</b>       | 12/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/19/2015 |

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male who sustained a work related injury on August 11, 2009. He was diagnosed with a right shoulder internal derangement, lumbar strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint arthropathy and bilateral knees internal derangement. Treatment included lumbar medial branch infusion of a local anesthetic and steroid, exercises, walking, yoga and pain medications. Currently on December 4, 2014, the injured worker complained of low back, left shoulder and bilateral knee pain. On December 29, 2014, a request for 1 bilateral L3 through L5 medial branch facet joint rhizotomy and neurolysis between December 19, 2014 and March 24, 2015; 60 Norco 10/325 between December 19, 2014 and March 24, 2015; and 1 urine toxicology screening between December 19, 2014 and March 24, 2015, were non-certified by Utilization Review, noting the California MTUS Chronic Pain Medical treatment Guidelines and ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral L3 through L5 medial branch facet joints rhizotomy and neurolysis:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic, Facet joint radiofrequency neurotomy.

**Decision rationale:** The patient presents with low back, left shoulder and bilateral knee pain. The current request is for 1 bilateral L3 through L5 medial branch facet joints rhizotomy and neurolysis. The treating physician documents on 12/4/14 (E16) that the patient has "diffuse tenderness over the lumbar paraspinous muscles with moderate facet tenderness at the L2 to L5 levels." He requests "authorization for bilateral L3 through L5 medial branch facet joints rhizotomy and neurolysis. The patient had a medial branch block done in December 2013 and received a week of 100% relief and about three to four weeks of significant relief but the pain did return after that. The patient was able to stop his Norco as completely during that time. He was able to bend and walk with much greater ease and improve his activities of daily living." MTUS guidelines do not address facet joint radiofrequency ablation. ODG states that there is conflicting evidence as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis with proper criteria being met. ODG lists the criteria for use of facet joint radiofrequency neurotomy as a diagnosis of facet joint pain using a medial branch block and there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the treating physician has documented a diagnosis of lumbar facet syndrome and of a successful medial branch block and a plan to stay the course with conservative care following the treatment. Therefore, the current request is medically necessary and the recommendation is for authorization.

**60 Norco 10/325mg:** Overturned

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

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

**Decision rationale:** The patient presents with low back, left shoulder and bilateral knee pain. The current request is for 60 Norco 10/325mg. The treating physician states on 12/4/14 (E20) that following the patient's medial branch block done on 12/16/13 "he was able to stop his Norco completely during that time." However, the patient's pain did return after the three to four weeks of significant relief derived from the medial branch block. In the 12/4/14 (E20) treating report the treating physician states that "the patient was given a prescription for Norco 10/325 mg one p.o. b.i.d. #60." Norco contains a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. It is unclear how long the patient has continuously been treating with Norco however, treatment is noted in the clinical history historically prior to at least December 2013. The utilization review for this request denied the treatment citing MTUS guidelines for therapeutic trial of opioids failing to note the patient has medicated with Norco in the past. Regarding chronic use of opioids, MTUS pages 88 and 89 states, "document pain and

functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, the treating physician on 1/8/15 (E7) documents the patient "was started on Norco due to his increased pain, and it allows him to provide his activities of daily living." The patient's pain is rated 8/10, the treating physician reviewed adverse effects and adverse behaviors with the patient (E20). Given the patient has successfully treated with Norco in the past and has subsequently weaned off the medication but is now experiencing increased pain levels the current request is medically necessary and the recommendation is for authorization.

**1 urine toxicology screening:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter UDS.

**Decision rationale:** The patient presents with low back, left shoulder and bilateral knee pain. The current request is for 1 urine toxicology screening. The treating physician states on 1/5/15 (E15) "my patient who is regularly taking medications, it is critical that a reliable laboratory exam is still carried out from time to time to ensure appropriate opioid prescription and management." In the appeal to the UR denial dated 1/8/15 (E7) the physician states, "his initial toxicology screening was negative per ACOEM Guidelines to allow for one test, and since the test was negative for the medications, I will be repeating it again today." The doctor goes on to say, "If his toxicology screening is consistent with his current medications, then I can reduce the frequency of the screenings." MTUS guidelines do not specify the frequency of UDS for risks of opiate users. ODG guidelines, however, recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. For moderate and high risk, more frequent UDS's are recommended. In this case, the only UDS in the clinical history notes a toxicology report dated 6/4/14 (E26) that is "normal" and the physician notes in their treating report dated 6/4/14 (E34) that the "the patient is adhering to their narcotic drug contract" and the only drug present was Hydrocodone (E26). Given that the injured worker is medicating with opioids and that on 12/4/14 (E20) "The patient was given a prescription for Norco 10/325 mg one p.o. b.i.d. #60" 1 urine toxicology screening is medically necessary. Therefore, recommendation is for authorization.