

<b>Case Number:</b>	CM15-0016949		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 51 year old male, who sustained an industrial injury on 07/01/2011. He has reported low back pain and left leg pain. The diagnoses have included lumbar radiculopathy, herniated lumbar disc; and chronic left leg pain. Treatment to date has included medications and lumbar facet blocks. Currently, the injured worker complains of significant lower back pain and occasional referred pains down the left leg to the knee; pain is located in the bilateral low back, bilateral buttocks and hips, left leg, left knee, and left ankle/foot; and reports the most beneficial treatment to date has been lumbar facet blocks. A treating physician's progress note, dated 12/17/2014, reported objective findings to include obvious distress due to pain; unable to sit for more than brief periods of time; and trunk extension increases back pain. The treatment plan included prescriptions for Ambien and Percocet; and request for bilateral lumbar facet blocks at L4-5 and L5-S1. On 12/24/2014 Utilization Review noncertified a prescription for 1 lumbar facet injection at L4-5 and L5-S1 bilaterally with fluoroscopy and sedation; a prescription for Percocet 10/325 mg #120; and a prescription for Ambien 10 mg #30. The CA MTUS and the ODG were cited. On 01/23/2015, the injured worker submitted an application for IMR for review of 1 lumbar facet injection at L4-5 and L5-S1 bilaterally with fluoroscopy and sedation; Percocet 10/325 mg #120; and Ambien 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lumbar facet injection at L4-5 and L5-S1 bilaterally with flouroscopy and sedation:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG) Low Back  $\dot{\imath}$ ½ Lumbar and Thoracic, Facet Joint Injections, Lumbar, Updated March 24, 2015.

**Decision rationale:** The official disability guidelines recommend that one series of lumbar facet injections be performed for diagnostic purposes. The injured employee has had a previous facet block in January 2014. Without justification to deviate from these guidelines, this request for a repeat lumbar facet injection is not certified.

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Page 78 of 127 Page(s): 78 of 127.

**Decision rationale:** Regarding Percocet, per MTUS Chronic Pain Medical Treatment Guidelines p78 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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (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 no documentation to support the medical necessity of Percocet 10/3 to 5 mg nor any documentation addressing all of 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 an objective decrease in pain or improvement in functional status. 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. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (acute and 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, zolpidem, updated April 1, 2015.

**Decision rationale:** The official disability guideline does not support usage of Ambien for longer than 7 to 10 days as this medication can be habit-forming and may impair function. There is also concern that it may increase pain and depression over the long-term. The attached medical record indicates that Ambien has been prescribed for an extended period of time. As such, this request for Ambien is not certified.