

<b>Case Number:</b>	CM15-0138256		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	05/04/2003
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 61-year-old male who sustained an industrial injury on 5/04/03. Injury was reported relative to repetitive bending, lifting, and physical encounters with inmates as a correctional officer. Past surgical history was positive for L4/5 and L5/S1 lumbar fusion in 2008, iliac stent left leg on 8/27/08, aorto-femoral bypass left leg on 10/31/11, left shoulder arthroscopy and rotator cuff repair on 5/2/12, and cardiac catheterization x 2 on 7/16/12. Past medical history was positive for diabetes, hypertension, arteriosclerotic peripheral vascular disease, chronic obstructive pulmonary disease, high cholesterol and sleep apnea. He had been diagnosed with post laminectomy syndrome and facet arthropathy of lumbar spine. He underwent bilateral radiofrequency ablation at L3/4 on 5/14/15 with greater than 50% relief. The 6/29/15 treating physician report indicated that he was continuing to improve with less low back pain. Pain was 4/10 without medications, and 2/10 with medications. With medication and the radiofrequency ablation he had been much more physical. He had been having problems coming off the Opana. He was still taking a very low dose, as well as Norco. Physical exam documented some mild tenderness on the right side in the lower paraspinal muscles and mildly decreased lumbar flexion and extension. Patellar reflexes were trace and Achilles reflexes were absent. Strength and sensation were intact. Straight leg raise was negative. Dorsal medial branch blocks at L3/4 in January 2015 were positive with a diagnosis of facet arthropathy. He subsequently underwent bilateral radiofrequency ablation at L3/4 in May 2015 with greater than 50% relief. The injured worker was doing much better. Pain was significantly decreased with radiofrequency ablation. He had decreased the Opana ER to 5 mg one a day. The treating physician report stated that he was no longer going to fill the Opana ER. He had been functional on Norco and could currently stay on it. Norco #90 was dispensed. Authorization was requested on 7/1/15 for left

L3/4 and right L3/4 dorsomedial branch block with conscious sedation and fluoroscopic guidance and Opana ER 30 mg, #45. The 7/7/15 utilization review non-certified the request for left and right L3/4 dorsomedial branch block with conscious sedation and fluoroscopic guidance as guidelines do not support a second set of diagnostic dorsomedial branch blocks and repeat radiofrequency ablations were not supported less than 6 months from the first procedure. The request for Opana ER 30 mg #45 was denied as the chart notes did not support the current request. The request for Norco 10/325 mg #120 was certified.

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

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

#### **Right L3-L4 Dorsomedial Branch Block with conscious sedation and fluoroscopic guidance: Upheld**

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

**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 - Lumbar & Thoracic: Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS does not provide recommendations for facet joint diagnostic injections. The Official Disability Guidelines recommend no more than one set of facet joint diagnostic blocks prior to facet neurotomy if indications are met. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). Guideline criteria have not been met. This injured worker underwent medial branch blocks in January 2015 and subsequent radiofrequency ablation at the bilateral L3/4 level on 5/14/15. Guidelines do not support repeat medial branch blocks or repeat radiofrequency ablation in less than 6 months. Additionally, guidelines do not support generally support IV sedation. Therefore, this request is not medically necessary.

#### **Left L3-L4 Dorsomedial Branch Block with conscious sedation and fluoroscopic guidance: Upheld**

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

**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 - Lumbar & Thoracic: Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS does not provide recommendations for facet joint diagnostic injections. The Official Disability Guidelines recommend no more than one set of facet joint diagnostic blocks prior to facet neurotomy if indications are met. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. Criteria state that

neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). Guideline criteria have not been met. This injured worker underwent medial branch blocks in January 2015 and subsequent radiofrequency ablation at the bilateral L3/4 level on 5/14/15. Guidelines do not support repeat medial branch blocks or repeat radiofrequency ablation in less than 6 months. Additionally, guidelines do not support generally support IV sedation. Therefore, this request is not medically necessary.

**Opana extended release 30mg quantity 45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 93.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that Opana ER is not intended for as needed (prn) use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, or when there is continuing pain with evidence of intolerable adverse effects. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met. This injured worker underwent radiofrequency ablation in May 2015 with reported significant reduction in pain. The treating physician has reported that weaning of Opana ER was in progress with plans not to refill this medication. Norco had been dispensed and certified for pain control. There is no current rationale presented to support the medical necessity of continuation of this medication, or the need for around the clock analgesia. Therefore, this request is not medically necessary.