

<b>Case Number:</b>	CM15-0138536		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/18/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55-year-old female who sustained an industrial injury on 3-8-12. Diagnoses are thoracic-lumbosacral neuritis-radiculitis unspecified, unspecified myalgia and myositis, lumbago, spasm of muscle, lumbosacral spondylosis without myelopathy, and degenerative lumbar-lumbosacral intervertebral disc. In a pain management reevaluation-followup visit dated 6-9-15, the treating physician reports chronic low back pain which has increased since the previous visit. She continues working full time although she has pain. Sleep quality is poor due to pain. Average pain since last visit is rated at 4 out of 10, mood at 4 out of 10 and functional level at 4 out of 10. Current medications are Flector and Lisinopril. She has discogenic-axial low back pain mostly secondary to annular fissure-herniations at L4-5 and L5-S1 levels with an MRI that shows pathology consistent with her symptoms. She also has symptoms of lumbar spondylosis on exam. The requested treatment is a medial branch block - left lumbar L3, L4, L5, Flector Patch for a quantity of 30-retrial, and Zorvolex 35mg twice daily as needed, for a quantity of 60, sampled trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block, Left Lumbar L3, L4, L5: 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 - Criteria for use of diagnostic blocks for facet mediated pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

**Decision rationale:** Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks, which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, there is subjective complaints of facet joint pain but there is no objective evidence to support the claim, therefore, the request for Medial Branch Block, Left Lumbar L3, L4, L5 is determined to not be medically necessary.

**Flector patch Qty 30, retriial:** 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 - Flector patch (diclofenac epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section, Topical Analgesics Section Page(s): 67-73, 111-113.

**Decision rationale:** The Flector Patch is a topical analgesic containing diclofenac epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. In this case, this is a request to re-trial with the patch. However, there is no documentation of the efficacy of prior use of the Flector patch, therefore, the request for Flector patch Qty 30; retriial is determined to not be medically necessary.

**Zorvolex 35 mg Qty 60, sampled trial, twice daily as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Zorvolex (diclofenac) Section.

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the

lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the ODG, Zorvolex is not recommended except as a second-line option, because diclofenac products are not recommended as first-line choices due to potential increased adverse effects. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no indication that the injured worker has failed with first-line agents. The request for Zorvolex 35 mg Qty 60, sampled trial, twice daily as needed is determined to not be medically necessary.