MAXIMUS Federal Services

Case Number:	CM15-0142507		
Date Assigned:	08/03/2015	Date of Injury:	03/04/2000
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 74-year-old female who sustained an industrial injury on 03-04-00. Initial complaints and diagnoses are not available. Treatments to date include medications, psychotherapy, physical therapy, chiropractic care, TENS trial, radiofrequency ablations, diagnostic medial branch blocks, cervical spine surgery. Diagnostic studies include MRIs of the cervical and lumbar spines. Current complaints include bilateral lower back pain rated at 6/10. Current diagnoses include chronic pain syndrome, cervical spondylosis, cervical post laminectomy syndrome, lumbosacral spondylosis, coccydynia, degeneration of lumbar or lumbosacral intervertebral disc, obesity, and osteoarthritis. In a progress note dated 06-18-15, the treating provider reports the plan of care as medications including Norco and Lyrica, a diagnostic medial branch block under fluoroscopy guidance at L3-5. The requested treatments include Norco and a diagnostic medial branch block at L3-5. The documentation supports that the injured worker has been on Norco since at least 12-15-14. The patient sustained the injury due to slip and fall incident. The patient had received an unspecified number of the PT and psychotherapy visits for this injury. Per the note dated 6/18/15, the patient had complaints of pain in neck and low back at 6-8/10 with radiation. Physical examination of the of the lumbar spine revealed tenderness on palpation and positive facet loading test and decreased strength. The patient has had MRI of the cervical spine on 2007 that revealed spinal canal stenosis and prior fusion; MRI of the lumbar spine that revealed facet arthropathy and stenosis. The medication list include Lyrica, Norco, Oxycontin, Ambien, Tramadol, Donepezil, Dexilant, Metoprolol and Amlodepine. The patient has had history of GERD. Patient had received radiaofrequency procedure at L3, L4 and L5 with minimal benefit on 5/20/13; right medial branch block at L3, L4 and L5 on 1/12/13 with 70% pain relief for few hours; caudal ESI on 2/2/10 with pain relief for 6 months. The patient had received an unspecified number of the PT and chiropractic visits for this injury. The patient had used a TENS unit for this injury. The

patient's surgical history include cervical fusion, and knee surgery. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill (not to be filled until 07/22/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Opioids, criteria for use: page 76-80.

Decision rationale: Norco 10/325mg #60 with 1 refill (not to be filled until 07/22/15). Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. . ." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. . . " Current complaints include bilateral lower back pain rated at 6/10. Current diagnoses include chronic pain syndrome, cervical spondylosis, cervical post laminectomy syndrome, lumbosacral spondylosis, coccydynia, degeneration of lumbar or lumbosacral intervertebral disc, obesity, and osteoarthritis. Per the note dated 6/18/15, the patient had complaints of pain in neck and low back at 6-8/10 with radiation. Physical examination of the of the lumbar spine revealed tenderness on palpation and positive facet loading test and decreased strength. The patient has had MRI of the cervical spine on 2007 that revealed spinal canal stenosis and prior fusion; MRI of the lumbar spine that revealed facet arthropathy and stenosis. The patient's surgical history include cervical fusion, and knee surgery. There is no evidence of aberrant drug behavior. Patient had also tried Tramadol for this injury. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Norco 10/325mg #60 with 1 refill (not to be filled until 07/22/15) is medically necessary and appropriate in this patient.

Diagnostic Medial Branch Block Right L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint medial branch blocks (therapeutic injections).

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 (updated 07/17/15) Facet joint diagnostic blocks.

Decision rationale: Diagnostic Medial Branch Block Right L3, L4, L5. ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines Facet joint diagnostic blocks (injections) are "Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). "Criteria for use of Facet joint diagnostic blocks (injections) are as follows: "Clinical presentation should be consistent with facet joint pain, signs & symptoms. "2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. Evidence of documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. Per the note dated 6/18/15, the patient had complaints of pain in low back at 6-8/10 with radiation. Physical examination of the of the lumbar spine revealed tenderness on palpation and positive facet loading test and decreased strength. MRI of the lumbar spine revealed facet arthropathy and stenosis. As per the cited guidelines for the requested procedure, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The diagnostic medial branch block is done to determine if it would be beneficial to proceed with a radiofrequency neurotomy , however, the patient had received a radiofrequency neurotomy procedure at L3, L4 and L5 with minimal benefit on 5/20/13. In addition as per cited guidelines, No more than 2 joint levels may be blocked at any one time and this is a request for Diagnostic Medial Branch Block Right L3, L4, L5. The request for Diagnostic Medial Branch Block Right L3, L4, L5 is not medically necessary in this patient.