

Case Number:	CM15-0148052		
Date Assigned:	08/11/2015	Date of Injury:	04/22/2009
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 54 year old male, who sustained an industrial injury on April 22, 2009. He reported neck pain, bilateral hand pain, low back pain and bilateral lower extremity pain. The injured worker was diagnosed as having status post lumbar surgery, lumbar degenerative disc disease, cervical degenerative disc disease and depressive disorder. Treatment to date has included diagnostic studies, psychotherapy, physical therapy, medications, home exercises and work restrictions. Currently, the injured worker continues to report neck pain, bilateral hand pain with associated numbness, low back pain and bilateral lower extremity pain with associated sharp left buttock pain and right lower extremity numbness radiating into the right foot. He also reported depression, anxiety, sexual dysfunction and sleep disruptions secondary to chronic pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 16, 2015, revealed continued pain as noted with associated symptoms. It was noted he had a slow antalgic gait and used a single point cane for ambulation. He rated his low back pain at 4 on a 1-10 scale and his right lower extremity pain at 6-7 on a 1-10 scale with 10 being the worst. It was noted he appeared to be in moderate to severe distress. It was noted he continued to wear a lumbar support. He was noted as one year post posterior lumbar fusion complicated by viscous perforation by hardware. He reported dizziness with Zanaflex and noted good relief with Norco and Percocet. He also reported constant ringing in the ears. Evaluation on May 27, 2015, revealed continued pain rated at 4-7 on a 1-10 scale with 10 being the worse. Evaluation on July 17, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being

the worst. Medications were continued. The physician's progress reports were hand written and difficult to decipher. Intra-articular facet joint injection - left C5-6, Intra-articular facet joint injection - left C6-7, Intra-articular facet joint injection - right C5-6, Norco 10/325mg #60 and Robaxin 500mg #60 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular facet joint injection - right C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (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) Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The current request is for Intra-articular facet joint injection - right C5-6. The RFA is dated 04/16/15. Treatment to date has included diagnostic studies, psychotherapy, physical therapy, medications, home exercises and work restrictions. The patient is s/p lumbar fusion in 03/18/13 and subsequent hardware removal on 10/22/14. The patient is not working. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: Recommended prior to facet neurotomy a procedure that is considered "under study." Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block: MBB. Criteria for the use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical 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 joint levels are injected in one session. Per report 04/13/15, the patient has neck pain that radiates shooting sensations and numbness bilaterally to her shoulder, arms and fingers. Guidelines do not support facet joint injections in patients who present with radicular pain or neurological deficit to the upper extremities. Given the patient radicular symptoms, the request IS NOT medically necessary.

Intra-articular facet joint injection - left C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (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) Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The current request is for Intra-articular facet joint injection - left C5-6. The RFA is dated 04/16/15. Treatment to date has included diagnostic studies, psychotherapy,

physical therapy, medications, home exercises and work restrictions. The patient is s/p lumbar fusion in 03/18/13 and subsequent hardware removal on 10/22/14. The patient is not working. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: Recommended prior to facet neurotomy: a procedure that is considered "under study." Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block: MBB. Criteria for the use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical 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 joint levels are injected in one session. Per report 04/13/15, the patient has neck pain that radiates shooting sensations and numbness bilaterally to her shoulder, arms and fingers. Guidelines do not support facet joint injections in patients who present with radicular pain or neurological deficit to the upper extremities. Given the patient radicular symptoms, the request IS NOT medically necessary.

Intra-articular facet joint injection - right C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (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) Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The current request is for Intra-articular facet joint injection - right C6-7. The RFA is dated 04/16/15. Treatment to date has included diagnostic studies, psychotherapy, physical therapy, medications, home exercises and work restrictions. The patient is s/p lumbar fusion in 03/18/13 and subsequent hardware removal on 10/22/14. The patient is not working. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: Recommended prior to facet neurotomy: a procedure that is considered "under study." Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block: MBB. Criteria for the use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical 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 joint levels are injected in one session. Per report 04/13/15, the patient has neck pain that radiates shooting sensations and numbness bilaterally to her shoulder, arms and fingers. Guidelines do not support facet joint injections in patients who present with radicular pain or neurological deficit to the upper extremities. Given the patient radicular symptoms, the request IS NOT medically necessary.

Intra-articular facet joint injection - left C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (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) Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The current request is for Intra-articular facet joint injection left C5-6. The RFA is dated 04/16/15. Treatment to date has included diagnostic studies, psychotherapy, physical therapy, medications, home exercises and work restrictions. The patient is s/p lumbar fusion in 03/18/13 and subsequent hardware removal on 10/22/14. The patient is not working. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: Recommended prior to facet neurotomy: a procedure that is considered "under study." Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block: MBB. Criteria for the use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical 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 joint levels are injected in one session. Per report 04/13/15, the patient has neck pain that radiates shooting sensations and numbness bilaterally to her shoulder, arms and fingers. Guidelines do not support facet joint injections in patients who present with radicular pain or neurological deficit to the upper extremities. Given the patient radicular symptoms, the request IS NOT medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The current request is for Norco 10/325mg #60. The RFA is dated 04/16/15. Treatment to date has included diagnostic studies, psychotherapy, physical therapy, medications, home exercises and work restrictions. The patient is s/p lumbar fusion in 03/18/13 and subsequent hardware removal on 10/22/14. The patient is not working. MTUS Guidelines CRITERIA FOR USE OF OPIOIDS pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should

be performed using a validated instrument or numerical rating scale." On April 16, 2015, the patient rated his low back pain at 4 on a 1-10 scale and his right lower extremity pain at 6-7 on a 1-10 scale with 10 being the worst. It was noted he appeared to be in moderate to severe distress. Per report May 27, 2015, the patient complained of pain rated at 4-7 on a 1-10 scale with 10 being the worse. The physician's progress reports are hand written and partially illegible. This is a request for refill of medications. The patient has been utilizing Norco since 11/20/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Robaxin 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The current request is for Robaxin 500mg #60. The RFA is dated 04/16/15. Treatment to date has included diagnostic studies, psychotherapy, physical therapy, medications, home exercises and work restrictions. The patient is s/p lumbar fusion in 03/18/13 and subsequent hardware removal on 10/22/14. The patient is not working. MTUS Chronic Pain Guidelines under Muscle relaxants (for pain) pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. It is unclear when Robaxin was initiated. In this case, the requested #60, does not indicated short term use. MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.