

<b>Case Number:</b>	CM15-0149772		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male who sustained an industrial injury on 11-17-08 when he was bent over manually cranking a trailer for 20 to 30 minutes and felt pain in his back. He was medically evaluated and had chiropractic and physical therapy with temporary relief. He was diagnosed a month later with musculoligamentous sprain cervical spine; left upper extremity radiculitis; internal derangement of the left shoulder; probable tear rotator cuff left shoulder; internal derangement of the right shoulder; musculoligamentous strain lumbar spine with lower extremity radiculitis; degenerative disc disease lumbar spine; internal derangement of the right knee; osteoarthritis right knee; tendinitis right ankle. He currently complains of neck pain with associated headaches radiating down bilateral shoulders with bilateral hand numbness and a pain level of 3-4 out of 10 with medications and 7-9 out of 10 without medications; lower back pain with radiating numbness down the right anterior thigh and a pain level of 4 out of 10 with medications and 9 out of 10 without medications; left ankle pain with a pain level of 3 out of 10 with medication and 9 out of 10 without medication; sleep difficulty secondary to pain. He uses a cane for ambulation. On physical exam of the lumbar spine, there was decreased sensation over L5 and S1 dermatome distribution, positive straight leg raise bilaterally. Medications were Celebrex, duloxetine, hydrocodone, Norco, Prilosec, Percocet and per 6-22-15 note these medications are not as helpful as Ultram, naproxen. He is having trouble functioning since Ultram and naproxen were stopped. Drug screen done 7-21-15 was consistent with prescribed medications. Diagnoses include degenerative lumbar intervertebral disc; cervical spondylosis without myelopathy; cervicocranial syndrome; lumbosacral spondylosis without myelopathy;

pain in joint, shoulder region; cervicalgia. Treatments to date include medications; bilateral transforaminal epidural injection L5; physical therapy; chiropractic therapy. Diagnostics include MRI of the lumbar spine (1-25-13) showing mild L2-3 and moderate to severe L3-4 to L5-S1 spondylosis, multilevel foraminal stenosis from L1 to S1; MR arthrogram of the left shoulder (8-7-13) showing severe glenohumeral joint osteoarthritis, partial thickness tear, mild acromioclavicular joint osteoarthritis. On 7-28-15 utilization review evaluated requests for outpatient right or left medial branch block at L2, 3, 4, 5; Norco 10-325 mg #90; OxyContin 20 mg #30.

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

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

#### **Outpatient right or left medial branch block at L2, 3, 4, 5: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According MTUS guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." According to ODG guidelines regarding facets injections, "Under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti , 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial." Furthermore and according to ODG guidelines, "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional

evidence-based activity and exercise in addition to facet joint injection." The ODG guidelines did not support facet injection for lumbar pain in this clinical context. There is no documentation of facet-mediated pain or that facets are the main pain generator. There is no documentation of failure of conservative therapies in this patient. Therefore, the request for right or left medial branch block at L2, 3, 4, 5 is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.

**Oxycontin 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** Oxycontin is a long acting potent form of opiate analgesic. According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." In this case, there is no documentation of functional improvement from the previous use of narcotics. Therefore, the prescription of Oxycontin 20mg QTY:30 is not medically necessary.