

<b>Case Number:</b>	CM15-0189321		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	08/09/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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 27 year old male, who sustained an industrial injury on 08-09-2014. He has reported injury to the abdomen and low back. The diagnoses have included lumbago; lumbar sprain; lumbar spondylosis; lumbar radiculopathy; muscle spasm back; multiple crushing injury trunk; abdominal tenderness, left and right upper quadrants; lumbar facet arthropathy; and left sacroiliac sprain-strain. Treatment to date has included medications, diagnostics, activity modifications, physical therapy, lumbar medial branch block, and chiropractic therapy. Medications have included Norco, Ibuprofen, Tramadol, Cyclobenzaprine, Soma, and Amitriptyline. A progress report from the treating provider, dated 08-27-2015, documented an evaluation with the injured worker. The injured worker reported back pain located in the mid back and in the lower back; the pain is described as numbness, tingling, constant, and sharp; the complaint moderately limits activities; function level is fair and poor; the symptoms are exacerbated by bending, sitting, standing for a long period of time and exertion; the symptoms are alleviated by heat and medication; he mentions that his last injections have him relief for 4 days more than 50%; and he wants to repeat the injections. Objective findings included the lumbar spine with facet loading signs and bilateral paraspinous muscle spasms. The treatment plan has included the request for 1 right L2, L3, L4, and L5 lumbar medial branch block with fluoroscopy and sedation; 1 lumbar sacral medial branch block facet second and third level; 1 prescription of Cyclobenzaprine 5mg #90; and 1 prescription of Tramadol 50mg #30. The original utilization review, dated 09-04-2015, non-certified the request for 1 right L2, L3, L4, and L5 lumbar medial branch block with fluoroscopy and sedation; 1 lumbar sacral medial

branch block facet second and third level; 1 prescription of Cyclobenzaprine 5mg #90; and 1 prescription of Tramadol 50mg #30.

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

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

#### **1 Right L2, L3, L4 and L5 lumbar medial branch block with fluoroscopy and sedation:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar & Thoracic) Facet joint medial branch blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back, Section: Medial Branch Block/Facet Joint Blocks.

**Decision rationale:** The Official Disability Guidelines comment on the use of medial branch blocks. The criteria needed to justify the use of this treatment modality is as follows: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 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). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. 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. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the records indicate that the request does not meet some of the above cited criteria. It is unclear whether the patient's symptoms are consistent with facet joint pain. It is unclear whether the patient's symptoms are radicular; as there are some subjective symptoms consistent with radiculopathy. The guidelines state no more than 2 levels should be injected; however the request is for L2-L5. Finally, the request includes sedation; however, sedation may affect the assessment of the block. There is no evidence provided to justify the use of sedation. For these reasons, 1 right L2, L3, L4 and L5 lumbar medial branch block with fluoroscopy and sedation is not medically necessary.

**1 Lumbar sacral MBB facet 2nd and 3rd level:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back, Section: Medial Branch Blocks/Facet Joint Injections.

**Decision rationale:** The Official Disability Guidelines comment on the use of medial branch blocks/facet joint injections as a treatment modality. The following are the criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 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). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. 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. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the medical records provide insufficient justification for the requested procedure. Specifically, the records do not indicate that the patient meets the above-cited criteria. There is insufficient documentation that the patient has facet joint pain, signs and symptoms in the lumbosacral area. There is some suggestion that the patient has radicular symptoms; however, this does not appear to have been completely assessed at this point. Finally, it is unclear that the patient has undergone adequate trials of conservative, first-line treatments for this condition. For these reasons, 1 Lumbar sacral MBB facet 2nd and 3rd level is not medically necessary.

### **1 Prescription of Cyclobenzaprine 5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Cyclobenzaprine as a treatment modality. Cyclobenzaprine is classified as a muscle

relaxant. It is recommended as an option, using a short course of therapy. Cyclobenzaprine, also known as (Flexeril), is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the medical records indicate that Cyclobenzaprine is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above-cited guidelines, only short-term use is recommended. Finally, there is no evidence in the medical records that long-term use has been associated with objective improvement in functional outcomes. For these reasons, Cyclobenzaprine is not medically necessary.

## **1 Prescription of Tramadol 50mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Tramadol. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Tramadol is not medically necessary.