

<b>Case Number:</b>	CM15-0205054		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/17/1996
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 73 year old individual who sustained an industrial injury on 7-17-96. A review of the medical records indicates that the worker is undergoing treatment for lumbar post-laminectomy pain syndrome, lumbar spondylosis without myelopathy, lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, and lumbago. Subjective complaints (7-6-15 and 8-10-15) include low back stabbing, aching, throbbing pain rated at 7 out of 10 with intermittent radicular pain, numbness, tingling, and weakness on the right lower extremity. Objective findings (7-6-15) include tenderness to palpation along left sided to mid to lower lumbar paraspinal muscles and along right sided lower lumbar paraspinal muscles, full active lumbar flexion, sensation to light touch and pinprick intact in all extremities, and seated straight leg raise is negative bilaterally. An MRI of the lumbar spine dated 4-29-15 reveals the impression of: "L2-L3 2mm disc bulge, left lateral disc protrusion extending into the left neural foramen, facet arthropathy, mild narrowing of the central canal, moderate left foraminal stenosis, L3-L4 5mm central disc protrusion or extrusion impinging upon and compressing the thecal sac with disc material extending laterally, greater on the left, facet arthropathy, narrowing of the central canal, mild to moderate right and moderate left foraminal stenosis, status post surgery L4-L5 and L5- S1." Previous treatment includes physical therapy, massage therapy, heating packs and ice, injections, Norco (since at least 3-23-15), Soma (since at least 3-23-15), and surgery. The treatment plan (7-6-15) includes continue Norco, continue Soma, counseled on benefits of possibly using Gabapentin, and bilateral L4-S1 facet joint injections x1 for treatment of lumbar facet-mediated arthropathy and (8-10-15) notes consider obtaining a urine drug screen at the next follow-up. On 9-25-15, the requested treatment of bilateral L4-S1 facet joint injection x1 and Soma 350mg #30 were non-certified, and Norco 5-325mg #30 was modified to 1 prescription of Norco 5-325mg #7.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral L4-S1 facet joint injection x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary.

**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: Facet Joint Injections.

**Decision rationale:** The Official Disability Guidelines have established the criteria for the use of diagnostic blocks for facet mediated pain. These criteria are 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. Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. In this case the medical records indicate that the patient has had a prior lumbar fusion (as noted in the 7/6/2015 progress note). Further, the requested procedure involves more than 2 facet joint levels. For these reasons, the records do not support the use of a bilateral L4-S1 facet joint injection. This procedure is not medically necessary.

### **Soma 350mg #30:** Upheld

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of Carisoprodol, also known as Soma. Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been

suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with Tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail); & (5) as a combination with codeine (referred to as Soma Coma). In this case, the records indicate that Soma has been used as a long-term treatment strategy for this patient. As noted, long-term use of Soma is not recommended. Therefore, Soma is not medically necessary.

**Norco 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, 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. 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. Ongoing treatment with Norco is not considered as medically necessary. In the Utilization Review process, this request was modified to provide a smaller amount of Norco that would allow for weaning. This action is consistent with the above-cited MTUS guidelines.