

<b>Case Number:</b>	CM15-0054275		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	11/18/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 55 year old male sustained an industrial injury on 11/18/97. He subsequently reported low back pain. Diagnoses include lumbar radiculitis and lumbar facet arthropathy. Diagnostic testing has included x-rays and MRIs. Treatments to date have included modified work duty, surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. A request for (B) L4-S1 Median Branch Nerve Block, Norco and Naloxone medications was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(B) L4-S1 Median Branch Nerve Block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)- Facet joint diagnostic blocks (injections).

**Decision rationale:** (B) L4-S1 Median Branch Nerve Block is not medically necessary per the MTUS and the ODG guidelines. The documentation describes radiating pain and numbness from the low back into the hip and level of the knee suggestive of radicular pain. The guidelines do not support median branch blocks in the presence of radiculopathy therefore this request is not medically necessary. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The request for median branch blocks are not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the 4 A's for ongoing monitoring 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS states that prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The documentation is not clear whether or not the patient is receiving all his medications (opioid) from one practitioner. Without this clarification Norco 10/325mg #90 is not medically necessary.

**Naloxone 0.4mg/0.4ml syringe (Evzio emergency kit #1):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Naloxone (Narcan) and <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a612022.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Naloxone (Narcan).

**Decision rationale:** Naloxone 0.4mg/0.4ml syringe (Evzio emergency kit #1) is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that Naloxone is recommended in hospital-based and emergency department settings as currently indicated to address opioid overdose cases. There is little evidence-based research to guide who should receive naloxone in an outpatient medically prescribed setting. Guidance is partially dependent

on risk factors for overdose. The documentation is not clear on risk factors or why this patient is prescribed Naloxone as an outpatient. The request is not medically necessary.