

<b>Case Number:</b>	CM15-0088736		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	02/27/2002
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, Pain Management

### 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 2/27/2002. His diagnoses, and/or impressions, are noted to include: displacement of cervical, lumbar and thoracic intervertebral disc without myelopathy; and brachial, thoracic or lumbosacral neuritis or radiculitis. No current imaging studies are noted. His treatments have included successful diagnostic left lumbar facet injections (11/2013), for lumbar facet joint arthropathy and lumbar spondylosis without myelopathy, which provided a 100% improvement in pain and functionality. The history notes the authorization for medical branch nerve block that was not done to a death in the family, as well as the subsequent denial for the confirmatory injection; diagnostic versus therapeutic. Progress notes of 3/12/2015 reported complaints of significant focalized pain to the left low-back with radicular pain down the left leg, helped by 70-80% 1 year prior by diagnostic facet injections; along with the denial of other requested treatments; and being stable on Cymbalta, Wellbutrin, Celebrex, Omeprazole and Gabapentin (off all opioids). The objective findings were noted to include tenderness to the lower back, left > right, worsened by activity; tenderness and spasms in the mid-upper thoracic region, involving the neck, cervical, trapezius and rhomboid muscles; and decreased grip strength, left > right. The physician's requests for treatments were noted to include the continuation of the stable doses of Abilify, Celebrex and Omeprazole, as well as for lumbar facet medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch blocks L3-L5 Facet: Overturned**

**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): 300, 301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, the patient does have localized pain, especially with extension of the spine, suggestive of facet involvement. Prior injection in the past resulted in significant pain relief, but the patient was unable to progress to radiofrequency ablation due to a death in the family. The provider has clarified that the blocks are for diagnostic purposes. Given all of the above, the currently requested lumbar medial branch blocks are medically necessary.

**Abilify 20mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental/Stress - Aripiprazole (Abilify).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Aripiprazole (Abilify).

**Decision rationale:** Regarding the request for Abilify, CA MTUS does not address the issue. ODG cites that it is 'not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. Within the documentation available for review, there is no evidence of functional improvement from prior use of the medication and a rationale to support ongoing use despite the recommendations of the

guidelines. In light of the above issues, the currently requested Abilify is not medically necessary.

**Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 and 30 of 127.

**Decision rationale:** Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications to support the use of Celebrex over a non-selective NSAID. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.