

<b>Case Number:</b>	CM15-0089333		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/02/2007
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/29/2015
<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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 65-year-old male, who sustained an industrial injury to the low back on 05/02/2007. Documented treatments and diagnostic testing to date has included conservative care, medications, CT scans, and psychiatric evaluations/therapy. Currently, the injured worker complains of increasing and severe low back pain with radiating pain into the left leg, pins and needles sensation in the left foot, and difficulty sleeping. The injured worker's average pain rating was reported as 9/10. The injured worker reported that his medications were not working very well as the morphine is causing itching; however, the physician reported that the injured worker is no longer taking morphine. Current medications consist of Lyrica, Baclofen, Cymbalta, fentanyl patch (trial), and oxymorphone. According to the clinical notes submitted, the injured worker has been on these medications for several months. Relevant diagnoses include chronic severe back pain and left leg pain, status post L4-5 and L5-S1 interbody fusion, status post spinal cord stimulator placement, chronic severe depression, myofascial pain/spasms, poor sleep hygiene, and hypertension since injury/pain. The treatment plan consisted of bilateral medial branch blocks at L3, L4 and L5 of the lumbar spine, oxymorphone 10 mg #60, and Baclofen 10 mg #90, which was modified to Baclofen 10 mg #75.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Medial Branch Blocks at Lumbar L3, L4, L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain: Diagnostic Facet Injections.

**Decision rationale:** Bilateral Medial Branch Blocks at Lumbar L3, L4 and L5 is not medically necessary. The Official Disability Guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is non-radicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as 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 level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom surgical procedures anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the plan injection level. The physical exam and subjective complaints indicate radicular pain; therefore, the requested procedure is not medically necessary.

**Oxymorphone 10 mg (2 times daily as needed) Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82, 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Oxymorphone 10 mg (2 times daily as needed) # 60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

**Baclofen 10 mg (1-2 tabs 2 times per day as needed for spasm) Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

**Decision rationale:** Baclofen 10 mg (1-2 2 times per day as needed for spasm) #90 is not medically necessary. Per CA MTUS, the mechanism of action is unknown; Baclofen is part of a group of muscle relaxants that is not recommended for long-term use particularly because the mechanism of action is unknown. Baclofen is also not medically necessary because it was prescribed long-term and in combination with other medications. Therefore, this request is not medically necessary.