

<b>Case Number:</b>	CM14-0133328		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	07/05/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old male who reported an injury on 07/05/2001 after slipping and falling at work injuring his lower back, right ankle, and right knee. The injured worker had diagnoses of osteoarthritis, facet syndrome, sprain/strain of the lumbar, and post laminectomy of the lumbar. The past surgical procedures included a right knee arthroscopy with degenerative arthritis, status post right sided laminectomy with partial facetectomy, and lateral recess decompression and microdiscectomy. The MRI of the lumbar spine dated 07/13/2013 revealed disc desiccation at the L2-3 level, mild degrees of central stenosis at the L3-4, mild degrees of central stenosis at the L4-5, and evidence of a laminectomy at the L5 with mild hypertrophic changes at the facet joint of the L5-S1 level. The past treatments included physical therapy, medication, chiropractic care, electronic stimulation, and cane. The objective findings dated 07/30/2014 revealed a well-healed incisional scar on the right lumbosacral region, tender to palpation at the L4-5 bilaterally, tightness and spasms noted, range of motion painful with extension, extension with rotation to the right, straight leg raise positive on the right 35 degrees, decreased muscle strength on hip flexion, knee extension, and flexion. Decreased sensation at the right L4-5. The treatment plan included a refill of Lyrica and Norco and return to work. The Request for Authorization dated 08/22/2014 was submitted with the documentation. The rationale for the Norco was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg, #144: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); When to Discontinue Opioids; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

**Decision rationale:** The request for 1 prescription of Norco 10/325 mg # 144 is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation indicated that several physicians had evaluated the injured worker and had recorded no complaints, of back or ankle pain and no abnormal physical findings to the lumbar spine. The injured worker should have been weaned off the Norco. The request did not have the frequency. As such, the request for 1 prescription of Norco 10/325 mg #144 is not medically necessary.

**1 prescription of Soma 350mg, #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Soma (carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**Decision rationale:** The request for 1 prescription of Soma 350 mg, #40 is not medically necessary. The California MTUS states that Soma is not recommended. This medication is not indicated for long-term use. The request did not address the frequency. As such, the request for 1 prescription of Soma 350 mg, #40 is not medically necessary.

**1 RFN for the right L4-L5 and L5-S1 facet joints:** Upheld

**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 - Lumbar & Thoracic (Acute & Chronic); regarding Criteria for use of facet joint radiofrequency neurotomy; ODG; Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The request for 1 RFN for the right L4-L5 and L5-S1 facet joints is not medically necessary. The ACOEM Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability

Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical note indicated that the injured worker had had physical therapy. However, no documentation was supplied for review. The clinical notes also indicated that several physicians had evaluated the injured worker and had recorded no complaints of back or ankle pain and that the injured worker had had a completely normal lumbar spine exam. The Guidelines indicate they are still under study. As such, the request for 1 RFN for the right L4-L5 and L5-S1 facet joints is not medically necessary.