MAXIMUS Federal Services

| Case Number: | CM14-0135871 | | |
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| Date Assigned: | 09/03/2014 | Date of Injury: | 06/14/2012 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

## 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. 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: Texas, 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 55-year-old male, who sustained an industrial injury on 6/14/12. The injured worker has complaints of painful foot and ankle. The documentation noted on examination that the injured worker had an abnormal foot pronation and pain left anterior medial and lateral ankle joint and pain end dorsiflexion of left ankle joint, pain with flexor halluces longus contracture. The diagnoses have included pain in joint, ankle and foot; pain in soft tissues of limb and enthesopathy of unspecified site. Treatment to date has included magnetic resonance imaging (MRI) done in May 2014 that was normal; computerized tomography (CT) scan done in August 2014; injections; orthotics and hydrocodone/acetaminophen. The request was for right L4-5 and L5-S1 (sacroiliac) facet joint injection under fluoroscopy and one prescription for hydrocodone/acetaminophen 5/325mg. Currently patient had complaints of low back pain with numbness in foot. Physical examination revealed tenderness on palpation and positive facet loading test. Patient has received an unspecified number of PT visits for this injury. The medication list include norco, tizanidine, Advil, naproxen, Aleve and Ibuprofen. The patient had received cortisone injection in left ankle joint. The patient has had MRI of the left ankle that was normal. A recent urine drug screen report was not specified in the records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RIGHT L4-5 AND L5-S1 FACET JOINT INJECTION UNDER FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309.

**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 (updated 05/15/15) Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Request: RIGHT L4-5 AND L5-S1 FACET JOINT INJECTION UNDER FLUOROSCOPY ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines medial branch blocks are "Under study."Criteria for use of therapeutic intra-articular and medial branch blocks are as follows:" 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy."The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. The patient had complaints of low back pain with numbness in foot. Physical examination revealed tenderness on palpation and positive facet loading test. And as per the cited guidelines for the requested procedure, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for RIGHT L4-5 AND L5-S1 FACET JOINT INJECTION UNDER FLUOROSCOPY is not fully established in this patient.

**1 PRESCRIPTION OF HYDROCODONE/ACETAMINOPHEN 5/325 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

**Decision rationale:** PRESCRIPTION OF HYDROCODONE/ACETAMINOPHEN 5/325 MG. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals."The records provided do not specify that patient has set goals

regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of PRESCRIPTION OF HYDROCODONE/ACETAMINOPHEN 5/325 MG is not established for this patient.