

<b>Case Number:</b>	CM15-0105919		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	11/02/1999
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Arizona, 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 female patient who sustained an industrial injury on 11/02/1999. A primary treating office visit dated 03/28/2014 reported subjective complaint of having low back pain radiating down the right lower extremity. Objective findings showed a positive straight leg raise on the right. She is diagnosed with: lumbar radiculopathy; chronic pain syndrome and failed back surgery. A pain management follow up visit dated 02/23/2015 reported the patient's chief complaint of having back, leg, neck and shoulder pains. The patient has been deemed permanent and stationary. Previous treatment to include: transcutaneous nerve stimulator unit, modified work duty, off from work, oral pain medication. The patient also has a non-industrial knee right claim and underwent surgery 11/2014. She was diagnosed with the following: lumbago, spinal stenosis unspecified; post laminectomy syndrome, and lumbar radiculitis. The plan of care noted with continued recommendation to receive epidural and spinal cord stimulator trial, undergo urine drug screen, orthopedic follow up regarding right knee and remain disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right selective nerve root block at L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural steroid injections, diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back chapter and MBB- pg 36.

**Decision rationale:** According to the guidelines, Criteria for the use of diagnostic blocks for facet mediated pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a sedative during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a 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 logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant had a prior ESI implying existence of radicular symptoms. This is confirmed with a straight leg raise. In addition, the invasive procedures have short-term benefit. The request for a nerve root block is not medically necessary.

**Perocet 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Opioids, criteria for use, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on other opioids including Methadone, Oxycodone ER, Norco, and Dilaudid for over a year in combination with NSAIDs. No one opioid is superior to another. There was no indication of Tricyclic failure. Combined dose of morphine equivalent of all opioids taken exceeded the 120 mg limit. The request for the continued use of Percoet is not medically necessary.

