

<b>Case Number:</b>	CM15-0013416		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back, shoulder, wrist, and neck pain reportedly associated with an industrial injury of March 8, 2013. In a Utilization Review Report dated January 9, 2015, the claims administrator failed to approve requests for Norco, Axid, medial branch blocks, Fexmid, and epidural steroid injection therapy. The claims administrator did apparently issue partial approvals of Norco and Fexmid for weaning or tapering purposes. A surgical consultation was also approved. The claims administrator referenced a December 23, 2014 RFA form and associated progress notes in its determination. The applicant's attorney subsequently appealed. On November 14, 2014, the applicant was given refills of Norco, Axid, and Fexmid. A pain management consultation to pursue a cervical epidural steroid injection and lumbar medial branch block were sought. The applicant was placed off of work, on total temporary disability, in a progress note of the same date, November 14, 2014. The applicant reported ongoing issues with chronic pain complaints resulting in gait disturbance. The applicant was using a cane to move about. A replacement cane was proposed. A cervical epidural steroid injection and lumbar medial branch blocks were sought while the applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant's gastrointestinal review of systems was positive for stomach pain but apparently negative for heartburn. The applicant did have issues with psychological stress, depression, and anxiety, it was acknowledged. The applicant's neck, low back, and shoulder pain complaints were heightened, it was stated. The applicant was using Norco at a rate of five tablets a day and Fexmid at a rate of two tablets a day.

The applicant was also using a sleep aid. The attending provider stated that Axid was being employed for NSAID-induced dyspepsia, in one section of the note, admittedly through preprinted checkboxes. The applicant did not, however, appear to be using NSAIDs. The attending provider did state that the applicant's pain scores were reduced from 7/10 to 5/10 with medication consumption. On December 20, 2014, the applicant was placed off of work, on total temporary disability while cervical epidural steroid injection therapy was endorsed, along with lumbar medial branch block. The applicant reported ongoing complaints of low back pain radiating into the legs. The applicant had pain complaints exacerbated by sitting and standing. 8/10 pain was reported on this occasion. The applicant had failed to progress, it was acknowledged. A cervical pillow, cervical epidural steroid injection therapy, and lumbar medial branch blocks were endorsed. It was not stated whether the applicant had had prior cervical epidural steroid injection therapy or not. A neurosurgery consultation was also proposed. The applicant's gastrointestinal review of symptoms was negative, it was stated in one section of the note.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325 mg every 6 hours quantity 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. While the attending provider did report some reduction in pain scores from 7/10 to 5/10 with medication consumption, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage. The attending provider continued to report that the applicant was having difficulty performing activities of daily living as basic as standing and walking, despite ongoing Norco usage. The attending provider's reporting of the applicant's pain scores was, moreover, internally inconsistent as some portions of the attending provider's progress note stated that the applicant had pain complaint in the 5-7/10 range while other sections of the same note go on to state that the applicant was reporting heightened, 8/10 pain. All of the foregoing, taken together, does not make a compelling case for continuation of the same.

**Axid (Nizatidine) 150 mg quantity 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

**Decision rationale:** Similarly, the request for Axid, an H2 antagonist, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as Axid are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no clear description or mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on either December or November 2014 progress notes at issue. The applicant explicitly denied issues with heartburn, it was stated in the gastrointestinal review of symptoms section of the December 23, 2014 progress note. While another section of the same note did suggest, through preprinted checkboxes, the applicant was using Axid for NSAID-induced dyspepsia, in this case, however, the applicant was not seemingly using any NSAID. There was, as noted previously, no explicit mention of issues with reflux, heartburn, and/or dyspepsia. Therefore, the request was not medically necessary.

**Fexmid (Cyclobenzaprine) 7.5mg twice a day quantity 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

**Decision rationale:** The request for Fexmid (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Fexmid to other agents is not recommended. Here, the applicant was using a variety of other agents, including Norco. Adding cyclobenzaprine or Fexmid to the mix is not recommended. Therefore, the request was not medically necessary.

**Cervical Epidural steroid injections at C5-C6 quantity 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

**Decision rationale:** Similarly, the request for cervical epidural steroid injection at C5-C6 was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic

Pain Medical Treatment Guidelines qualifies this recommendation by noting that there should be compelling radiographic and/or electrodiagnostic evidence of radiculopathy. Here, however, the attending provider did not clearly narrate or describe radicular pain complaints on either November 2014 or December 2014 office visit at issue. The attending provider did not establish the presence of radiographic and/or electrodiagnostic corroboration for the applicant's alleged cervical radicular complaints (if any). Therefore, the request was not medically necessary.

**Right Medial Branch Block L4-5 quantity 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints 301.

**Decision rationale:** The request for a right medial meniscectomy at L4-L5 was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks as a precursor to pursuit of subsequent facet neurotomy procedures, in this case, however, the applicant's presentation was not consistent with facetogenic low back pain for which the proposed medial branch blocks could be considered but, rather, was suggestive of ongoing lumbar radicular pain complaints. The applicant did report issues with low back pain radiating into the lower extremities on December 23, 2014, arguing against the need for either facet neurotomy procedures or the medial branch blocks at issue. Therefore, the request was not medically necessary.

**Left Medial Branch Block L4-5 quantity 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints 301.

**Decision rationale:** Similarly, the left medial branch block at L4-L5 was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks as precursor to pursuit of subsequent facet neurotomy procedures, in this case, however, the applicant's presentation and ongoing complaints of low back pain radiating into lower extremities was not consistent or compatible with the diagnosis of facetogenic low back pain for which the proposed medial branch blocks could be considered. Therefore, the request was not medically necessary.

**Right Medial Branch Block L5-S1 quantity 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints 301.

**Decision rationale:** The request for a right medial branch block at L5-S1 was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks as a precursor to pursuit of subsequent facet neurotomy procedures in applicants with suspected facetogenic low back pain, in this case, however, the applicant's presentation on December 23, 2014 was suggestive of ongoing lumbar radiculopathy or lumbar radiculitis. The applicant reported ongoing complaint of low back pain radiating into the legs on that date. It did not appear that the applicant had diskogenic or facetogenic low back pain for which the medial branch block at issue could be considered. Therefore, the request was not medically necessary.

**Left Medial Branch Block L5-S1 quantity 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Finally, the proposed left-sided medial branch block at L5-S1 was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a limited role for usage of diagnostic medial branch blocks as a precursor to pursuit of subsequent facet neurotomy procedure, in this case, however, the applicant's presentation on the December 23, 2014 office visit at issue was not compatible with diagnosis of facetogenic low back pain for which the proposed medial branch block could be considered but, rather, was suggestive of active lumbar radiculitis/lumbar radiculopathy. Therefore, the proposed medial branch block was not medically necessary.