

<b>Case Number:</b>	CM15-0114490		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/13/2004
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 60 year old male, who sustained an industrial injury on 10/13/04. He reported pain in his lower back after lifting a heavy object. The injured worker was diagnosed as having lumbosacral spondylosis. Treatment to date has included a medial branch block in 5/2014 with 70% relief, physical therapy, an EMG/NCV study (results not noted), a lumbar MRI (results not noted) and acupuncture with benefit. Current medications include Nabumetone, Methadone and Oxycodone (since at least 10/28/14). As of the PR2 dated 5/11/15, the injured worker reports pain in his lower back. He rates his pain an 8/10 on average and a 10/10 at worse. Objective findings include tenderness in the right and left paravertebral region at the L4-L5 and L5-S1 levels and pain with extension and rotation. The treating physician noted that the injured worker was unable to complete a previous left sided medial branch block in 4/2105 and was unable to determine whether he had any improvement. The treating physician requested Oxycodone 30mg #112 and a medial branch block bilaterally at L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #112:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Oxycodone 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 Oxycodone along with Methadone and Nabumetone. There was no mention of need to manage narcotic addiction while on Methadone. In addition, the total daily dose of opioids exceeded the 120 mg of Morphine recommended daily. As a result, the request for continuing Oxycodone is not medically necessary.

**1 set of medial branch blocks bilaterally from L4 to S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back pain and 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. In this case, the claimant had a prior MBB but the procedure was discontinued prematurely and the claimant had an increase in pain by 30%. In addition, the MRI and EMG result were not provided to confirm lack of nerve root involvement. Based on the information provided, the request for an MBB is not medically necessary.

