

Case Number:	CM15-0177403		
Date Assigned:	09/18/2015	Date of Injury:	08/13/2008
Decision Date:	10/20/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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 67 year old female, who sustained an industrial injury on 08-13-2008. She has reported subsequent neck and back pain and was diagnosed with cervical facet syndrome of C5-C7, cervical disc protrusions at C5-C7 and status post poster fusion of L4-L5 due to unstable L4-L5 spondylolisthesis and scoliosis. CT of the lumbar spine dated 07-16-2015 showed multilevel degenerative disc disease with prominent spinal stenosis at L3-L4 and L4-L5, scattered joint facet osteoarthritis and scoliosis. Treatment to date has included oral medication, physical therapy, injections, bilateral C5-C7 facet median branch blocks in 2012, right sacroiliac injection and surgery. Cervical median branch blocks were noted to provide greater than 70% pain relief for a short period of time. In a progress note dated 08-24-2015, the injured worker reported worsening back (facet pain) and neck pain. Objective examination findings showed pain to palpation over the L4-S1 facet joints bilaterally, limited range of motion due to facet pain and positive straight leg raise. The injured worker was noted to be off work. A request for authorization of bilateral L4-5, L5-S1 medial branch blocks to be done under fluoroscopy and Norco 10-325 mg #120 was submitted. As per the 09-02-2015 utilization review, the request for bilateral L4-5, L5-S1 medial branch blocks to be done under fluoroscopy and Norco 10-325 mg #120 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 medial branch blocks to be done under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet "mediated" pain.

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 chapter and pg 36.

Decision rationale: According to the guidelines, MBB is not indicated in those who have undergone prior spinal fusion or those with radiculopathy. Although the claimant has facet tenderness, the claimant does have radicular symptoms. In addition, the claimant has undergone a prior fusion and prior MBB. The request for additional MBB of the lumbar spine is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco 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 Norco for several months without consistent trend documentation of pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.