

<b>Case Number:</b>	CM15-0069983		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, New York, 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 represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 31, 2012. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve requests for Norco and multilevel lumbar medial branch blocks. The claims administrator referenced an RFA form dated March 6, 2015 and a progress note dated February 3, 2015 in its determination. The applicant's attorney subsequently appealed. On August 20, 2014, the applicant reported ongoing complaints of low back pain, highly variable, 5-10/10. The applicant was given a primary operating diagnosis of sciatica. Hyposensorium was noted about the feet on exam. The applicant was apparently using Neurontin, Flexeril, and Prilosec as of this point in time. The applicant was placed off of work, on total temporary disability. Lumbar MRI imaging was endorsed. On April 17, 2015, the applicant reported persistent complaints of low back pain with associated numbness about the bilateral lower extremities. 6-10/10 pain with medications versus 10/10 pain without medications was reported. The applicant's medications included Norco, Flexeril, and Zestoretic. Norco was renewed. The applicant was placed off of work, on total temporary disability. Diagnostic medial branch blocks were again sought. In a later note dated May 1, 2015, the applicant was again placed off of work, on total temporary disability. The applicant had apparently presented to the clinic after having run out of Norco. The attending provider stated that the applicant's ability to sit and stand was improved as a result of Norco consumption. In another section of the note, however, the attending provider stated that the applicant could only sit and/or stand 15 minutes continuously with medications in any case.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnostic Facet Joint Injection for Chronic Low Back Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**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 off of work, on total temporary disability, it was stated on the progress notes of April 17, 2015 and May 1, 2015, referenced above. While the attending provider did report a reduction in pain scores from 10/10 without medications to 6-7/10 with medications on April 17, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid usage (if any). The attending provider's commentary to the effect that the applicant's sitting and standing tolerance were slightly improved as a result of medication consumption did not, in and of itself, constitute evidence of a meaningful or material benefit in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

### **Outpatient bilateral medial branch block at L2-3, L3/4 and L4/5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnostic Facet Joint Injection for Chronic Low Back Pain.

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

**Decision rationale:** Similarly, the request for outpatient lumbar medial branch blocks was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that facet neurotomies should be performed only after appropriate investigation involving diagnostic medial branch blocks, in this case, however, the applicant's presentation was not, in fact, suggestive of diskogenic or facetogenic low back pain for which the diagnostic medial branch blocks in question could have been considered. Rather, the applicant's continued reports of low back pain radiating into the bilateral lower extremities strongly suggested that lumbar radiculopathy was the primary operating diagnosis here, as was the applicant's prior usage of gabapentin, an anticonvulsant adjuvant medication. Therefore, the request was not medically necessary.