

Case Number:	CM15-0093412		
Date Assigned:	05/19/2015	Date of Injury:	08/05/2003
Decision Date:	06/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/14/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 60-year-old man sustained an industrial injury on 8/5/2003 after maneuvering heavy sheets of glass. Diagnoses include bilateral lumbar radiculopathy, chronic low back pain and chronic pain syndrome. Treatment has included oral medications and surgical intervention. Physician notes dated 4/3/2015 show an exacerbation of low back pain that have increased his pain levels so that he is unable to complete activities around the house. Recommendations include bilateral lumbosacral facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are bilateral L5 radiculopathy; chronic low back pain; chronic pain syndrome; opiate induced hyperalgesia; low testosterone level secondary to opiates; status post to lumbar spine surgeries; hypertension; hypercholesterolemia. The injured worker has been using Norco 10/325 mg as far back as 2010. The documentation does not contain VAS pain scores. There is no documentation demonstrating objective functional improvement. There is no documentation with risk assessments and there is no documentation with detailed pain assessments. The treating provider weaned Norco 10/325 mg from three tablets per day to two tablets per day. The injured worker is now back on Norco 10/325 mg three time per day. Consequently, absent clinical documentation with risk assessments, detailed pain assessments, VAS pain scores and subsequent progress notes through the present and evidence of objective functional improvement, Norco 10/325mg #90 is not medically necessary.

1 Set Facet Blocks under fluoroscopic guidance, Bilaterally at Lumbar L4-L5 and L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Lumbar & Thoracic) (Acute & Chronic) - Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one set of facet block under fluoroscopy bilateral L4-L5 and L5-S1 (S I) is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are bilateral L5 radiculopathy; chronic low back pain; chronic pain syndrome; opiate induced hyperalgesia; low testosterone level secondary to opiates; status post to lumbar spine surgeries; hypertension; hypercholesterolemia. The treating physician is requesting a facet joint

block due to exacerbation of low back pain. Facet joint blocks are indicated after 4 to 6 weeks of conservative treatment. There is no indication the injured worker received (other than Norco 10/325 mg) physical therapy. The injured worker's symptoms are non-radicular and appear to be compatible with facets mediated pain. Consequently, absent clinical documentation with 4-6 weeks of conservative treatment (physical therapy), one set of facet block under fluoroscopy bilateral L4-L5 and L5-S1 (S I) is not medically necessary.