

<b>Case Number:</b>	CM15-0095715		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	01/24/1996
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Pennsylvania  
 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:

The injured worker is a 61 year old male who reported an industrial injury on 1/24/1996. Diagnoses include cervical radiculitis, cervical facet arthropathy, cervical post-laminectomy pain, low back pain, lumbar radiculitis and myalgia. Recent magnetic imaging study of the lumbar spine on 4/11/15 showed mild multi-level degenerative disc disease and facet arthropathy with degenerative spondylolisthesis. Treatments have included physical therapy, home exercise program, and medications. Progress notes from February 2014 to April 2015 describe ongoing chronic neck and back pain. Norco and oxycontin have been prescribed since at least February of 2014. The progress notes of 4/13/2015 reported no change in his moderate- severe, radiating neck pain/numbness into shoulder/arms, and radiating low back pain/numbness into the right leg; pain was noted to be made better with his medications. Pain was rated as 8/10 in severity without medications and 3/10 in severity with medications. The injured worker reported that he is unable to function without his medications and that the pain was so severe that he is unable to get out of bed most days. It was also noted that medications allow the injured worker to walk for longer and to do simple chores around the house. A signed opioid agreement was noted. A urine toxicology of 11/6/14 was noted to be consistent. Current use of alcohol 1-2 times per week was noted. Examination showed normal lower extremity strength, diminished sensation on the right upper thigh, tenderness over the paraspinals, and positive straight leg raise bilaterally. Eleven current medications were listed including norco and oxycontin. The physician noted that the injured worker has lumbar axial pain and referral patterns suggestive of lumbar facet mediated pain. A trial of lumbar epidural steroid injection was discussed. The physician's requests for treatments include lumbar/lumbosacral facet injections to reduce pain and improve function

and as a diagnostic tool to help identify whether the facets are generating the pain, as well as continuation of Norco and Oxycontin for pain and current function. Work status was temporarily totally disabled. On 5/8/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

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

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Outcome measures, Opioids for neuropathic pain, Weaning of Medications Page(s): 80-83, 86, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic neck and back pain. Norco and oxycontin have been prescribed for more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. An opioid contract was discussed and urine drug testing was noted, without submission of the reports. There was no documentation of return to work or functional goals. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains temporarily totally disabled. There was discussion of some increased ability to do some activities as a result of medications as a group. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific improvements in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. Current use of alcohol was documented.

Concurrent use of alcohol or other illicit drugs is considered adverse behavior. Immediate discontinuation of opioids has been suggested for use of illicit drugs and/or alcohol. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**OxyContin 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Outcome measures, Opioids for neuropathic pain, Weaning of Medications Page(s): 80-83, 86, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic neck and back pain. Norco and oxycontin have been prescribed for more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. An opioid contract was discussed and urine drug testing was noted, without submission of the reports. There was no documentation of return to work or functional goals. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains temporarily totally disabled. There was discussion of some increased ability to do some activities as a result of medications as a group. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific improvements in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. Current use of alcohol was documented.

Concurrent use of alcohol or other illicit drugs is considered adverse behavior. Immediate discontinuation of opioids has been suggested for use of illicit drugs and/or alcohol. As currently prescribed, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

#### **Facet injection at right L3-L4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet "mediated" pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, facet joint injections.

**Decision rationale:** Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG states that facet joint medial branch blocks are not recommended except as a diagnostic tool. The ODG notes that no more than one set of medial branch diagnostic blocks are recommended prior to facet neurotomy, and that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatory medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. In this case, the documentation notes diagnosis of lumbar radiculitis, and physical examination findings consistent with lumbar radiculopathy as opposed to facet mediated pain, which is not consistent with the the treating physician's statement that the injured worker had

axial pain and referral patterns suggestive of lumbar facet mediated pain. The treating physician has also discussed use of an epidural steroid injection (a treatment for radicular pain). In addition, blocks were requested for more than two levels (right L3-4, L4-5, and L5-S1). Due to findings of radicular pain and request for injection of a number of levels in excess of that recommended by the guidelines, the request for Facet injection at right L3-L4 is not medically necessary.

**Facet injection at right L4-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet "mediated" pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, facet joint injections.

**Decision rationale:** Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG states that facet joint medial branch blocks are not recommended except as a diagnostic tool. The ODG notes that no more than one set of medial branch diagnostic blocks are recommended prior to facet neurotomy, and that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and non-steroidal anti-inflammatory medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. In this case, the documentation notes diagnosis of lumbar radiculitis, and physical examination findings consistent with lumbar radiculopathy as opposed to facet mediated pain, which is not consistent with the treating physician's statement that the injured worker had axial pain and referral patterns suggestive of lumbar facet mediated pain. The treating physician has also discussed use of an epidural steroid injection (a treatment for radicular pain). In addition, blocks were requested for more than two levels (right L3-4, L4-5, and L5-S1). Due to findings of radicular pain and request for injection of a number of levels in excess of that recommended by the guidelines, the request for Facet injection at right L4-L5 is not medically necessary.

**Facet injection at right L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet "mediated" pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, facet joint injections.

**Decision rationale:** Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG states that facet joint medial branch blocks are not recommended except as a diagnostic tool. The ODG notes that no more than one set of medial branch diagnostic blocks are recommended prior to facet neurotomy, and that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatory medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. In this case, the documentation notes diagnosis of lumbar radiculitis, and physical examination findings consistent with lumbar radiculopathy as opposed to facet mediated pain, which is not consistent with the treating physician's statement that the injured worker had axial pain and referral patterns suggestive of lumbar facet mediated pain. The treating physician has also discussed use of an epidural steroid injection (a treatment for radicular pain). In addition, blocks were requested for more than two levels (right L3-4, L4-5, and L5-S1). Due to findings of radicular pain and request for injection of a number of levels in excess of that recommended by the guidelines, the request for Facet injection at right L5-S1 is not medically necessary.