

<b>Case Number:</b>	CM15-0099536		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New Jersey, New York  
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 34 year old, who sustained an industrial injury on May 15, 2012. The injured worker was diagnosed as having lumbago, facet syndrome and myalgia and myositis. Treatment to date has included acupuncture, medication and home exercise program (HEP). A progress note dated May14, 2015 provides the injured worker complains of back and shoulder pain rated 8-9/10 on average since last visit. He rates his pain 8-9/10 without medication and 5-6/10 with medication. The plan includes nerve root block, Motrin, Norco, acupuncture, lab work and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5 and S1 selective nerve root block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks Page(s): 55-56.

**Decision rationale:** The request is not medically necessary. According to the MTUS, nerve blocks are not recommended except when other treatments are contraindicated and must be done in conjunction with a rehabilitation program. The patient has exam findings and MRI findings that point to nerve root pathology. However, a previous epidural injection did not have documented functional benefit or 50% improvement in pain. It cannot be said that all other treatments are contraindicated or that he failed all conservative therapy. Therefore, the request is considered not medically necessary.

**Motrin 800mg one tablet thrice daily #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The request for Motrin is medically necessary. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. The patient's pain is said to have been improved with Motrin but there was no documented functional improvement. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Chronic use is not recommended, therefore, the request is considered not medically necessary.

**Norco 10/325mg one to two tablets thrice daily #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

**Acupuncture two (2) times a month for six (6) months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture 2 sessions per month for six months is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting additional sessions and there was also no documentation of the patient's response to previous acupuncture treatment. Because of these reasons, the request is not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

**Decision rationale:** The request is not considered medically necessary. In order to monitor opioid use effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. But because the Norco will not be certified, a urine drug screen is not necessary. Therefore, the request is considered not medically necessary.