

<b>Case Number:</b>	CM14-0142143		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a patient with a reported date of injury on 9/1/2004. The mechanism of injury is described as a fall from a lift. The patient has a diagnosis of bilateral lumbar facet pain at L4-5 and L5-S1. The patient has low back pain. Pain radiates down hips and buttocks and bilateral thighs. Pain is 5-8/10. Objective exam reveals pain with extension and rotation of lumbar spine, right greater and left side. Tenderness to L4-5 and L5-S1 facet joints bilaterally. Normal reflexes, negative pelvic rock, negative Faber's and straight leg raise. Medication list include Dilaudid, Valium, Tizanidine, Hydrocodone, Tramadol and Cymbalta. Independent Medical Review is for Norco 10/325 #180 and medial branch facet block L4-5 and L5-S1 bilateral-testing. The patient has had reportedly 2 prior radio frequency neurotomies on 4/23/12 that improved pain by 85% for 1 year and another at 6/11/13 that provided no relief. Prior UR on 8/5/14 recommended certification of Cymbalta and Celebrex. It recommended non-certification of Norco and medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-78.

**Decision rationale:** Norco is Acetaminophen and Hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted improvement in function with medications or improvement in pain. There is no documentation of proper assessment for abuse or a pain contract. Despite provider's protests against denial of opioid request, the provider continues to fail to appropriately document all requirements as required by MTUS Chronic Pain Guidelines. Documentation does not support continued use of opioids. Norco is not medically necessary.

**1 Medial Branch Block Testing L4-L5 and L5-S1 Facet Joint, Bilateral:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic, Facet Joint diagnostic blocks (injections)

**Decision rationale:** As per ACOEM Guidelines, medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. The patient's pain is chronic and has contradictory response to prior neurotomies. A prior neurotomy provided significant improvement while another had minimal improvement. ACOEM and MTUS Chronic pain guidelines do not have adequate criteria for recommendations therefore Official Disability Guideline was also reviewed. The patient meets the criteria per the Official Disability Guidelines. Despite contradictory prior neurotomy, a diagnostic block is appropriate as a first test to confirm potential success or failure of potential future neurotomy. The request for the diagnostic medial branch block L4-5 and L5-S1 is medically necessary.