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| <b>Case Number:</b>   | CM13-0052159 |                              |            |
| <b>Date Assigned:</b> | 01/29/2014   | <b>Date of Injury:</b>       | 12/11/2000 |
| <b>Decision Date:</b> | 05/23/2014   | <b>UR Denial Date:</b>       | 10/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/15/2013 |

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 54 year-old male with a 12/11/2000 industrial injury claim. He was involved in a work-related MVA. He has been diagnosed with cervical spondylosis without myelopathy. According to the 9/16/13 anesthesiology/pain management report from [REDACTED] the patient presents with 5/10 neck pain. He has history of cervical fusion in 2001 and 2004. He is on Aleve 220mg prn; Cymbalta 60mg; Elavil 25mg 3 tabs bid; Kadian 80mg/24hr, q12h; Norco 10/325mg q4-6h; Soma 350mg tid. [REDACTED] states the pain is 8/10 without medications, but Kadian and Norco bring it down to 4-5/10, Kadian starts to work within an hour, and Norco starts to work at 30 mins. [REDACTED] states the Kadian helps with this function, and quality of life with recreational activity such as fishing, and he is able to walk his dog and do light gardening and wash his car.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### QUARTERLY RANDOM IN-OFFICE URINE DRUG TESTS, UP TO 4 PER YEAR:

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**Decision rationale:** According to the 9/16/13 anesthesiology/pain management report from [REDACTED] the patient presents with 5/10 neck pain. He has history of cervical fusion in 2001 and 2004. He is on Aleve 220mg prn; Cymbalta 60mg; Elavil 25mg 3 tabs bid; Kadian 80mg/24hr, q12h; Norco 10/325mg q4-6h; Soma 350mg tid. The patient had a UDS on 4/22/13 which was consistent with the medications taken. I have been asked to review for quarterly random UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of the patient being above low risk for aberrant drug behavior. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines. The request for quarterly random in-office urine drug tests, up to 4 per year is not medically necessary.

**KADIAN 80MG #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid Use Page(s): 88-89.

**Decision rationale:** According to the 9/16/13 anesthesiology/pain management report from [REDACTED] the patient presents with 5/10 neck pain. He has history of cervical fusion in 2001 and 2004. He is on Aleve 220mg prn; Cymbalta 60mg; Elavil 25mg 3 tabs bid; Kadian 80mg/24hr, q12h; Norco 10/325mg q4-6h; Soma 350mg tid. The patient had a UDS on 4/22/13 which was consistent with the medications taken. [REDACTED] notes with Kadian, the pain levels drop from 8/10 to 5/10, and function is improved and quality of life improved. The patient is able to do light gardening and house work with the medication, and can do recreational activities such as fishing and walking his dog. The physician goes into detail that the Kadian starts to work 1 hour after taking it, and lasts 8-9 hours. The patient has been on Kadian since at least 1/21/13. MTUS guidelines for long-term users of opioids, states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The physician has documented a satisfactory response with use of Kadian. The MTUS guidelines do not require weaning or discontinuing pain medications that are providing a satisfactory response.

**CONCIOUS SEDATION DURING A RADIOFREQUENCY ABLATION AT C2-C5:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), RF Ablation, Lumbar Spine

**Decision rationale:** This patient presents with chronic low back pain. The physician is requesting a repeat radiofrequency ablation bilaterally with fluoroscopy and stated in request for authorization dated 10/08/2013 with conscious sedation. ACOEM guidelines page 174 incidentally notes under foot note: "There is limited evidence that RF neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n=24,28)." For further discussion, ODG Guidelines states for RF ablation, "approval of repeat neurotomies depends on variables such as evidence of adequate diagnosis blocks, documented improvement in VAS score, decreased medication and documented improvement in function." Medical records indicate the patient's last radiofrequency ablation was from February 2012. The patient reported 70% pain relief for at least a year. No documentations are provided regarding medication use and functional improvement. In this case, ODG guidelines do not support facet joint treatments are more than two levels, and the request is for 3 levels. Recommendation is for denial.