

Case Number:	CM13-0068987		
Date Assigned:	01/17/2014	Date of Injury:	08/19/1998
Decision Date:	06/16/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational 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 59 year old male who has reported neck, knee, and back pain after an injury on 08/19/98. The diagnoses include cervicalgia, brachial neuritis or radiculitis, insomnia, degeneration of the lumbar intervertebral disk, and thoracic neuritis or radiculitis. The cervical MRI from 7/1/13 showed extensive, multilevel spondylosis. Treatment has included cervical epidural steroid injection, knee injections, knee surgeries, chiropractic, acupuncture, and polypharmacy. Periodic reports from the treating physician show regular prescribing of the medication under review. There is no discussion of the specific results of each medication. The injured worker is described as having clinical and MRI evidence of cervical radiculopathy. The diagnoses include a history of an ulcer and esophageal reflux. Regardless of this diagnosis, the treating physician continues to prescribe meloxicam. On 11/12/13, there is ongoing knee pain, neck pain, headaches, and radiating shoulder pain. The neck is tender with limited range of motion. Diagnostic cervical facet blocks are recommended. The indications for the medications are listed, including trazodone for neuropathic pain and depression. The report of 12/18/13 addresses the Utilization Review for the facet blocks, describes the indications, and states that the procedure described in Utilization Review will be followed. On 12/9/13 Utilization Review rendered decision for cervical facet blocks (non-certified), Lunesta (non-certified), Norco (modified), Prilosec DR #30 (modified), trazodone (non-certified), and Zanaflex (non-certified). Prilosec was stated as modified to #30. The MTUS and the Official Disability Guidelines were cited. The Independent Medical Review application lists all these medications with 5 refills. The medical records contain multiple prior Utilization Review decisions regarding these medications, some for non-certification and some for modification. None of the medical records show any change in prescribing as a result of any Utilization Review decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC CERVICAL FACET BLOCKS C4/5 AND C5/6 BILATERALLY:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web). 2013, Head and Neck Section, Diagnostic Facet Blocks .

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter, Diagnostic Facet Blocks.

Decision rationale: The ACOEM Guidelines page 174-5 state that there is no proven benefit from injection of the facet joints for acute neck and upper back pain. Cervical facet medial branch blocks followed by neurotomy may be useful. Facet neurotomy is indicated if there is a good response to medial branch blocks. The MTUS for chronic pain does not provide direction for facet or medial branch block procedures. The Official Disability Guidelines, Work Loss Data Institute, states that these procedures are recommended prior a neurotomy. Given the guideline recommendations, ongoing neck pain, and poor response to treatment so far, diagnostic medial branch blocks under the specific conditions listed in the cited guidelines are medically necessary. The Utilization Review decision is overturned, as the treating physician has provided adequate information in the appeal letter, and the procedure is in accordance with guidelines. The request is medically necessary.

LUNESTA 3MG #30 W/5 REFILLS: 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), Treatment Index, 11th Edition (web), 2013, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Insomnia Treatment

Decision rationale: No physician reports describe the specific criteria for a sleep disorder. The only reference to a sleep problem is that the patient is awakened by pain. This is an insufficient basis on which to dispense months or years of a hypnotic. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Per the Official Disability Guidelines benzodiazepine agonists are habituating and recommended for short term use only. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. No medical reports over time describe the specific results of using chronic hypnotics. 5 refills is excessive for a

medication which should be used for the short term and closely monitored. Therefore, based on guidelines and a review of the evidence, the request for Lunesta is not medically necessary.

NORCO 10/325MG #150 W/5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain, Page 81, Mechanical and compressive etiologies.

Decision rationale: There is no 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 there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", or chronic back pain. Aberrant use of opioids is common in this population. 5 refills is excessive for a medication requiring close monitoring. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, Norco is not medically necessary.

PRILOSEC 20MG #30 W/5 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain Page 81, Mechanical and compressive etiologies.

Decision rationale: There is no 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 there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", or chronic back pain. Aberrant use of opioids is common in this population. 5 refills is excessive for a medication requiring close monitoring. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, Norco is not medically necessary.

TRAZODONE 50MG W/ 5 REFILLS: 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), Treatment Index, 11th Edition (web), 2013, Pain, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, Chronic Pain, page 99 Recommendation: Selective Serotonin Reuptake Inhibitors (SSRIs), Bupropion or Trazodone for Chronic Persistent Pain, Selective serotonin reuptake inhibitors (e.g., sertraline, paroxetine), bupropion, and trazodone are strongly not recommended for treatment of chronic persistent pain without depression. (They may be prescribed to treat depression as noted previously).

Decision rationale: The treating physician has stated that trazodone has been prescribed for chronic pain. The guidelines cited above strongly recommend against using trazodone for chronic pain. The MTUS does not provide direction for the use of trazodone. The treating physician has mentioned depression, but did not provide any significant information regarding the signs and symptoms or treatment to date for depression. There is not adequate evidence of depression requiring treatment with trazodone. The request for Trazodone is not medically necessary.

ZANAFLEX 4MG #30 W/5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic LBP. The muscle relaxant prescribed in this case is sedating. This patient has chronic pain with no evidence of prescribing for flare-ups, and 5 refills is excessive for a medication that should be used sparingly. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Note that tizanidine, when indicated, can be hepatotoxic. There are no reports which show that liver tests are monitored. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex is not medically necessary.