

Case Number:	CM14-0005870		
Date Assigned:	02/05/2014	Date of Injury:	05/03/2005
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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 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:

The patient is a 65-year-old male with a date of injury of 05/03/2005. According to the 12/04/2013 report by [REDACTED], the patient presents with neck, arm, and low back pain. The patient is complaining of increased neck pain that radiates down into his right arm. Pain is associated with numbness and tingling sensations. The patient has had a previous CESI which provided benefit. The patient is doing well after an increase of oxycodone from 20 mg to 30 mg. The patient is stable on medication regimen with adequate support with no side effects. Current medications include Xanax 2 mg, oxycodone, OxyContin, and Lyrica. Examination of the cervical spine revealed myofascial trigger points and limited range of neck motion in all directions. Treating physician reports the patient has cervical radicular pain and has responded well to prior epidural injections. He recommends a repeat injection to allow him increase functional abilities and to decrease dependence on opiate medications. Treatment plan includes repeat cervical epidural injection and refill of medication Xanax, OxyContin Lyrica, and oxycodone. Utilization review denied the request on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Review of the reports indicates the treating physician requested a cervical epidural steroid injection in January 2013 which was subsequently denied. Report 09/11/2013 reports previous CESI provided benefit and a repeat injection was again formally requested. The operative report for prior injection was not provided for review and there are no MRI reports. The MTUS Guidelines states the ESIs are recommended as an option for treatment of radicular pain. For repeat injections during therapeutic phase, continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. In this case, the patient presents with radicular pain but there are no MRI findings to corroborate the patient's radicular complaints. Furthermore, there is no documentation of at least 50% pain relief and reduction of medication from prior injections a required by MTUS. The guideline criteria have not been met. The request is not medically necessary.

ONE PRESCRIPTION OF XANAX 2MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This patient has been prescribed Xanax since 01/02/2013. MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to unproven efficacy and risk of dependence. Xanax is not medically necessary.

ONE PRESCRIPTION OF OXYCONTIN ER 60MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

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

Decision rationale: Medical records show this patient continues with pain and has been treated with Oxycotin since at least 01/02/2013. The treating physician reports patient is doing well and

is stable on medication. Page 78 of MTUS requires pain assessment that should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, the 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of reports from 01/02/2013 to 12/04/2013 provides no additional documentation such as specific changes in ADL's due to medication use, or change in work status as required by MTUS. No specific documentations are provided regarding the outcome measures or pain assessment. Therefore, the request is not medically necessary.

ONE PRESCRIPTION OF LYRICA 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS guidelines states that Pregabalin (Lyrica®, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. Medical records show that this patient has been taking Lyrica since 01/02/2013. The treating physician is presumably prescribing Lyrica for the patient's pain that radiates into the right arm. It is unclear as there are no discussions regarding this medication. In this case, the treating physician is prescribing Lyrica on a long term basis without discussing its efficacy. MTUS requires documentation of pain assessment and functional changes when medications are used for chronic pain. This request is not medically indicated.

ONE PRESCRIPTION OF OXYCODONE HCL 30MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

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

Decision rationale: Page 78 of MTUS requires pain assessment that should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, the 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of reports from 01/02/2013 to 12/04/2013 provides no additional documentation such as specific changes in ADL's due to medication use, or change in work status as required by MTUS. No specific documentations are

provided regarding the outcome measures or pain assessment. Therefore, the request is not indicated.