

Case Number:	CM14-0008245		
Date Assigned:	02/12/2014	Date of Injury:	11/18/2006
Decision Date:	07/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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 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:

The patient is a 53-year-old female who has filed a claim for cervical disc degeneration associated with an industrial injury date of November 18, 2006. Review of progress notes indicates right more than left sided neck pain radiating down to the upper extremities up to the hands, and migraine headaches. Findings include decreased range of motion of the cervical spine. MRI of the cervical spine dated February 08, 2010 showed multilevel spinal stenosis without cord compression, and multilevel bilateral neuroforaminal narrowing. Treatment to date has included NSAIDs, opioids, Suboxone, sedatives, Gabapentin, Lyrica, Cymbalta, chiropractic therapy, cervical epidural steroid injections, cervical medial branch blocks, greater occipital nerve block, cervical traction, H-wave, and TENS. Utilization review from January 08, 2014 denied the requests for Suboxone 8mg #90, Nucynta 50mg #120, TENS unit, and MRI of the cervical spine as there was no physical examination in the documentation to support the necessity of the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition, page 116 and the Official Disability Guidelines (ODG): Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: According to pages 26-27 of the Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended for treatment of opiate addiction. It is also an option for chronic pain, especially after detoxification in patients with a history of opiate addiction. The patient has been on this medication since at least May 2013. There was mention that the patient underwent opiate detoxification with Suboxone. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Suboxone 8mg #90 is not medically necessary.

Nucynta 50 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition, page 116 and the Official Disability Guidelines (ODG): Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since March 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Nucynta 50mg #120 is not medically necessary.

Tens Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition, page 116 and the Official Disability Guidelines (ODG): Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach. How often the unit was used, outcomes in terms of pain relief and function, and other ongoing treatment should also be documented during the trial period. Progress notes indicate that TENS helps a bit with the neck pain, but the patient's unit was broken. However, there is no documentation describing the amount of pain relief and functional improvement derived from previous use of the TENS unit. Additional information is necessary to support this request. Therefore, the request for TENS unit was not medically necessary.

MRI of Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition, page 116 and the Official Disability Guidelines (ODG): Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Magnetic resonance imaging (MRI).

Decision rationale: As stated on pages 179-180 of the ACOEM Neck and Upper Back Guidelines, imaging studies are supported in cases with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Indications for MRI according to ODG include chronic neck pain with normal radiographs and presence of neurologic signs/symptoms; neck pain with radiculopathy, if severe or progressive neurologic deficit; chronic neck pain with radiographs showing spondylosis or old trauma and presence of neurologic signs/symptoms; chronic neck pain with radiographs showing bone or disc margin destruction; suspected cervical spine trauma with normal radiographs and clinical findings suggestive of ligamentous injury; known cervical trauma with equivocal or positive plain films and neurologic deficit; and upper back/thoracic trauma with neurologic deficit. In this case, there is no documentation of significant changes in the patient's symptoms and examination findings, or of red flag conditions to warrant a repeat cervical MRI. Recent progress notes do not document any neurological findings upon examination. Therefore, the request for MRI of the cervical spine was not medically necessary.