

Case Number:	CM14-0153750		
Date Assigned:	09/23/2014	Date of Injury:	06/12/1997
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 and 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 66-year-old female with a date of injury of 06/12/1997. The listed diagnoses per [REDACTED] are: 1. Chronic severe neck pain, occipital headaches/cervicogenic cause. 2. Status post 3-level C-spine fusion at level C4-C5, C5-C6, and C6-C7. 3. Severe myofascial pain/spasm. 4. Poor sleep hygiene. 5. Arthritis. 6. Status post epidural SCS implant, 2009. 7. Opioid dependency with efficacy but tolerance. Treatment reports from 1/9/14-7/29/14 were reviewed. According to progress report 07/29/2014, the patient continues to have neck pain, arm pain, and headaches. Methadone, MSIR, and MS Contin is helping control her pain level. Patient's average pain since last visit is 5/10, mood since last visit is 5/10, and functional levels since last visit are 5/10. Physical examination revealed ongoing baseline neck pain on both sides with right occiput pain/headache and pain to the shoulder blade. She has had symptoms of her lower cervical facet condition with referred pain as well as occiput tenderness causing headache. There are no neurological deficits. The treating physician is requesting consultation with a neurosurgeon, retrospective use of MSIR 30 mg, Cymbalta 60 mg #30, and a right C2, C3, C4, and C5 medial branch block. Utilization review denied the request on 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a neurosurgeon (cervical/lumbar): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Evaluations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent medical examination and consultations. Ch:7 page 127

Decision rationale: This patient presents with continued neck pain, arm pain, and headaches. Patient's headaches occur daily. Utilization review denied the request stating, "Information submitted does not clearly reflect a plan of care for this request." ACOEM Practice Guidelines second edition (2004) page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the medical file indicates the patient has complaints of low back pain with positive findings. In this case, the treater has concerns about the patient's continued occipital headaches, which are constant and occur on a daily basis. A consultation with a neurosurgeon for further evaluation may be indicated. The request is medically necessary.

Prospective use of MS - IR 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89; 76-78.

Decision rationale: This patient presents with continued neck pain, arm pain, and headaches. The treating physician is requesting a refill of MSIR 30mg. Utilization review denied the request stating prior utilization review decision indicates that MSIR are certified with "warning that on subsequent review, specific documentary on efficacy and see MTUS mandated documentation should be provided." MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking MSIR 30 mg since at least 01/09/2014. The treating physician indicates a decrease in pain utilizing a pain scale, but does not provide specific functional improvement with taking long-term MSIR. Furthermore, there are no urine drug screens or discussion of possible aberrant behaviors as required by MTUS. Given lack of sufficient documentation for opiate management, the request is not medically necessary.

Cymbalta 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 16-17.

Decision rationale: This patient presents with continued neck pain, arm pain, and headaches. The treating physician is requesting a refill of Cymbalta 60 mg #30. Utilization review denied the request stating, "Previous review states that information is necessary for continued use of this medication, there is no evidence that this information has been provided." For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." In this case, the patient has history of multi-level cervical fusion with continued neck pain, arm pain and use of Cymbalta may be indicated. There is some evidence that medications are helpful as well. The request is medically necessary.

Right C2, 3, 4, 5 medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter on Lumbar Facet joint signs & symptoms

Decision rationale: This patient presents with continued neck pain, arm pain, and headaches. The treating physician is requesting a right C2, C3, C4, and C5 medial branch block. Utilization review denied the request stating, "There are limited physical examination findings indicated of facet-mediated pain." ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. In this case, the treater is requesting a three level injection which is not supported by ODG. Furthermore, the medical records indicate, that the patient is status post cervical fusion at levels C4-C5, C5-C6, and C6-C7. Although not all the levels of the requested blocks are mobile segments, C4-C5 is and facet blocks are not recommended where fusion has taken place. The request is not medically necessary.