

Case Number:	CM14-0156862		
Date Assigned:	09/26/2014	Date of Injury:	09/26/1998
Decision Date:	11/25/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/25/2014

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 61 years old male with an injury date on 09/6/1998. Based on the 08/15/2014 progress report provided by [REDACTED], the diagnoses are: Cervical post-laminectomy syndrome, Cervical syndrome, Disorder of back, Disorder of trunk, Displacement of cervical intervertebral disc without myelopathy, Displacement of lumbar intervertebral disc without myelopathy, Headache, Inflammatory neuropathy, Joint pain, Lumbar post-laminectomy syndrome, Neck pain, and Primary fibromyalgia syndrome. According to this report, the patient complains of chronic right suboccipital headaches, low back pain and bilateral LE pain, and neck pain. The patient also complains of increased left hip pain and increased paresthesia in the left foot. The patient had a RFA's , "over 3 years ago have provided prolonged relief of debilitating right suboccipital headaches." The patient consistently reports "a pain reduction of about 30-40%, consistent with VAS. Meds provide functional gains in they substantially assist with ADL's, mobility, stamina and restorative sleep."Physical exam reveals decreased cervical range of motion. Tenderness noted over the splenis capitis muscles bilaterally, left levator scapulae, left trapezius, bilateral periscapular muscles, lumbosacral paraspinal muscles and the quad lorum bilaterally. The patient is ambulated with a cane. There were no other significant findings noted on this report. The utilization review denied the request on 08/29/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/12/2014 to 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat RF Neurotomy Right C2-3 and C3-4 Facet Joints: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- 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) ODG: neck chapter under Radiofrequency neurotomy

Decision rationale: According to the 08/15/2014 report by [REDACTED] this patient presents with chronic right suboccipital headaches, low back pain and bilateral LE pain, and neck pain. The treater is requesting a repeat RF Neurotomy Right C2-3 and C3-4 Facet Joints. The patient's prior RF neurotomy was from 3 years ago. For repeat injections during therapeutic phase, ODG guidelines require documented improvement in VAS score, decreased medications and documented improvement in function as well as at least 50% pain relief for at least 12 week, with a general recommendation of no more than 3 blocks per year. Review of reports show that the patient had a prior RFA that "provided him with at least 70-80% pain relief. His pain goes down from level of 7 to 9/10 to level of 0 to 2/10, lasting almost a year." In this case, reports from 3 years ago are unavailable to verify the treater's and the patient's recollection. There are no reports to verify functional improvements were achieved with medication reduction one way or another. Given that the patient has had a good response to prior procedure, it would be reasonable to allow repeating the treatment, however. Recommendation is for authorization.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for chronic pain, Pain Assessment, CRITERIA FOR USE OF OPIOIDS, Opioid for chronic pain Page(s): 60,.

Decision rationale: According to the 08/15/2014 report by [REDACTED] this patient presents with chronic right suboccipital headaches, low back pain and bilateral LE pain, and neck pain. The treater is requesting Norco 10/325mg. Norco was first mentioned in the 07/17/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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. The reports show numerical scale assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. There are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work

attributed to use of Norco. MTUS require not only analgesia but documentation of ADL's and functional changes. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Furthermore, the treater did not provide the prescription dosing. Without knowing the prescription dosing, one cannot make the appropriate recommendation. Recommendation is for denial.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; for pain Page(s): 63,64.

Decision rationale: According to the 08/15/2014 report by [REDACTED] this patient presents with chronic right suboccipital headaches, low back pain and bilateral LE pain, and neck pain. The treater is requesting Soma 350mg. Soma was first mentioned in the 07/17/2014 report; it is unknown exactly when the patient initially started taking this medication. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Soma; the patient has been on Soma since 07/17/2014. Soma is not recommended for long term use. Recommendation is for denial

Lyrica 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18,19.

Decision rationale: : According to the 08/15/2014 report by [REDACTED] this patient presents with chronic right suboccipital headaches, low back pain and bilateral LE pain, and neck pain. The treater is requesting Lyrica 50mg. Lyrica was first mentioned in the 07/17/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports indicate that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treater does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain

reduction and functional gains must be discussed when used for chronic pain. Recommendation is for denial.

Omeprazole 0mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI-NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 08/15/2014 report by [REDACTED] this patient presents with chronic right suboccipital headaches, low back pain and bilateral LE pain, and neck pain. The treater is requesting Omeprazole 0mg. Omeprazole was first mentioned in the 07/17/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports show that the patient has no gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Recommendation is for denial.

Alprazolam 0.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the 08/15/2014 report by [REDACTED] this patient presents with chronic right suboccipital headaches, low back pain and bilateral LE pain, and neck pain. The treater is requesting Alprazolam 0.5mg. MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. In this case, there is a request for Alprazolam but the treater does not mention why this medication is being prescribed. There is no discussion in the reports regarding this medication. The treater does not mention that this is for a short-term use. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. Recommendation is for denial.

Kadian 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate Medications for chronic pain, Pain Assessment , CRITERIA FOR USE OF OPIOIDS, Opioid f.

Decision rationale: According to the 08/15/2014 report by [REDACTED] this patient presents with chronic right suboccipital headaches, low back pain and bilateral LE pain, and neck pain. The treater is requesting Kadian 10mg. Kadian was first mentioned in the 07/17/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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. The reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. But, there is no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Norco. MTUS require not only anagesia but documentation of ADL's and functional changes. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.