

Case Number:	CM14-0162434		
Date Assigned:	10/27/2014	Date of Injury:	05/16/2007
Decision Date:	11/26/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	10/02/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 51-year-old male who reported injury on 05/16/2007. The mechanism of injury was not submitted for this review. The injured worker's treatment history included medications, MRI studies, fentanyl patches, and cervical epidurogram under fluoroscopy. The injured worker was evaluated on 08/14/2014, it was documented that the injured worker had undergone a left C3-6 cervical epidural steroid injection on 07/16/2014, noting he obtained 20% relief of pain with the injection. The relief lasted for 1 week. The numbness in the left hand had decreased overall since the last injection; however, his neck was still sore; however, he also complained of back pain as well. The provider noted about 3 days ago the injured worker was working and he overused his back. The injured worker stated walking causes cramping in the legs. The injured worker stated Fentanyl patches were helping with baseline pain, and Nucynta IR was helping with "b/t pain". The increased patch to "50 ugm" did help with baseline pain. The injured worker rated his pain at 6/10 on the pain scale, and complained of poor sleep quality due to pain. Physical examination revealed he continued to have baseline neck and back pain with residual cervicgia to left greater than right, "c/w facet" again, but with decreased left arm pain and numbness now, since the epidural at C3-4 and C6-7 disc lesions. There was no new leg pain, but the back pain was "c/w facet" as well. He had no new radicular symptoms in his legs. He had ongoing "axial lbp" and neck pain. The injured worker had undergone an MRI of the cervical spine on 11/12/2013 that revealed minimal to mild central canal stenosis. Moderate left neural foraminal stenosis is seen associated with mild right neural foraminal stenosis at C6-7 secondary to a 4.0 mm broad based disc protrusion. Moderate left neural foraminal stenosis and minimal central canal stenosis was seen at C3-4 secondary to a 4.5 mm left paracentral broad based disc protrusion. Mild straightening of the normal lordotic curvature, which may be related to the injured worker's position and/or muscle spasm. The injured worker had undergone an MRI of the

lumbar spine on 02/05/2013 that revealed 3.0 mm broad based intervertebral disc protrusion at the L3-4 and L4-5 levels which result in mild central canal and bilateral neural foraminal stenosis/encroachment. Facet hypertrophy, short pedicles and ligamentum flavum hypertrophy contribute to stenosis at these 2 levels. Minimal to mild bilateral facet hypertrophy degenerative changes throughout the lumbar spine most advanced in the mid to lower region. Medications included Celebrex, Cymbalta, fentanyl patches, Lunesta, Mirapex, Nucynta, and Soma. Diagnoses included chronic neck pain, history of left side radiculopathy, "s/p discogram"; chronic low back pain, spondylosis; myofascial pain/spasm; "r/o cervical spondylosis", CAD, "s/p MI"; NIDDM, diet controlled; depression, reactive, improving; and otherwise motivated patient. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Celebrex is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. In addition, the request for Celebrex did not include frequency and duration not medication. There is no clear description of why a non-selective COX inhibitor is not appropriate for the injured worker. There was no documentation of increased risk of adverse gastric effect of prior gastric events. Given the above, the request for Celebrex 200 mg # 60 daily is not medically necessary.

Prospective use of Cymbalta 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The request for prospective Cymbalta 30 mg, #60 is not medically necessary. According to the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is

recommended as an option in first line treatment for neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The injured worker reported that with medication, he was able to get dressed in the morning and perform minimal activities at home. Although, the guidelines state that tricyclic antidepressants are generally considered a first line agent. The provider failed to include on the request, the duration and frequency of Cymbalta. As such, the request for prospective Cymbalta 30mg, #60, is not medically necessary.

Prospective use of Fentanyl Patch 50mcg #15/10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) and Fentanyl Page(s): 44, 47.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Duragesic Fentanyl transdermal system as a first-line therapy. Duragesic is the trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with potency eighty times that of Morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as Fentanyl. Per the documentation submitted the provider indicated the injured worker uses Fentanyl patches for baseline pain management; that was noted to help with baseline pain. However, the injured worker utilization Fentanyl patches could not be determined with submitted documentation. The guidelines state that Fentanyl patches should not be used as a first line therapy. Additionally, the request that was submitted failed to include duration and frequency of medication. As such, the request for prospective use of Fentanyl patch 50mcg #15/10 is not medically necessary.

Prospective use of Mirapex 0.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mirapex.html>

Decision rationale: The requested is not medically necessary. Per drugs.com Mirapex is used to treat symptoms of Parkinson's disease, such as stiffness, tremors, muscle spasms, and poor muscle control. Mirapex is also used to treat restless legs syndrome (RLS). Mirapex (Pramipexole) has some of the same effects as a chemical called dopamine, which occurs

naturally in your body. Low levels of dopamine in the brain are associated with Parkinson's disease. The injured worker was evaluated on 08/14/2014. Diagnoses included cervical spondylosis without myelopathy, unspecified myalgia and myositis, lumbago, cervicgia, "lumbosacral" spondylosis w/o myelopathy, degenerative cervical intervertebral disc, and degenerative "lumbosacral" intervertebral disc. However, there was no submitted documentation indicating the injured worker had a diagnosis or symptoms of Parkinson's disease or restless leg syndrome. Moreover, the injured worker is also utilizing Soma, which is a muscle relaxer that works by blocking pain sensations between the nerves and the brain. Additionally, the request failed to include frequency and duration of the medication. As such, the request for prospective use of Mirapex 0.5mg #30 is not medically necessary.

Prospective use of Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther 2005

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

Decision rationale: The request for Lunesta is not medically necessary. The Official Disability Guidelines (ODG) states that Lunesta is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted indicated the injured worker has been on Lunesta since 06/17/2014. In addition, the request did not include the frequency, dosage and duration for the medication for the injured worker. The guidelines do not recommend Lunesta for long-term use. Therefore, the continued use of Lunesta is not supported. As such the request is not medically necessary.

Prospective use of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for prospective Carisoprodol-Soma 350mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Soma. The medication is not indicated for long term or short term use. Soma is now scheduled in several states but not on a federal level. It has been suggested that the main effect is

due to generalized sedation and treatment of anxiety. The submitted report did not indicate that the injured worker had complaints of anxiety. Additionally, the efficacy of the medication was not submitted for review. The documentation submitted on 08/14/2014 indicated the patient was utilizing Mirapex 0.5 mg, and Soma. Both medications are muscle relaxers. Moreover, the guidelines do not recommend this medication for long term or short term use. Additionally, the request that was submitted failed to include frequency and duration of medication. As such, the request for prospective use of Soma 350mg #60 is not medically necessary.

L4-5 Interlaminar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The request for L4-5 Interlaminar Epidural Steroid Injection is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. The injections should be performed with the use of fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review did not indicate that the injured worker had completed initially recommended conservative treatment. The included physical examination documentation noted the injured worker having continued baseline neck and back pain with residual cervicgia left greater than right, however more information is needed to address the results of a straight leg raise, motor strength, and sensory deficits. Physical examination findings do not corroborate radiculopathy with electrodiagnostic testing and/or MRI findings. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. As such, medical necessity has not been established.

Prospective use of Nucynta 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Nucynta 100 mg # 120 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In

addition, the request does not include the frequency or duration of medication. Moreover, there was lack of evidence of outcome measurements of conservative care such as, pain medication management and home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review the injured worker failed to include drug screen for Opioid usage. As such, the request is not medically necessary.

Repeat Left C4, 5, 6, and 7 Medial Branch/Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections)

Decision rationale: The requested is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques have no proven benefit in treating acute low back symptoms. The Official Disability Guidelines does not recommend medial branch blocks except as a diagnostic tool. There is minimal evidence for treatment. In 2005 Pain Physician published an article that stated that there was moderate evidence for the use of lumbar medial branch blocks for the treatment of chronic lumbar spinal pain. This was supported by one study. Patients either received a local anesthetic or a local anesthetic with methyl prednisolone. All blocks included Sarapin. Sixty percent of the patients overall underwent seven or more procedures over the 2 and a half year study period. There were more procedures recorded for the group that received corticosteroids that those that did not (301 vs. 210, respectively). ["Moderate evidence" is a definition of the quality of evidence to support a treatment outcome according to Pain Physician.] More specifically, the Official Disability Guidelines recommends documented conservative care including home exercise, physical therapy and medications, prior to procedure for 4-6 weeks. Furthermore the guidelines indicate using a log to record activity to support subjective finding for medication use. The log should include the maximum pain relief, maximum pain duration and better pain control using the VAS pain scale. The documentation provided on 08/06/2014 had lack of evidence of conservative care such pain management / physical therapy and the outcome the home exercise regimen. The documentation submitted for review indicated the injured worker having a left C3, 6 CESI on 07/16/2014 noting he obtained "20%" relief of pain with one week of relief. As such, the request for repeat left C4, 5, 6 and 7 medial branch blocks/radiofrequency ablation is not medically necessary.