

Case Number:	CM14-0020369		
Date Assigned:	04/25/2014	Date of Injury:	06/23/2003
Decision Date:	07/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 Neurology, has a subspecialty in Neuromuscular 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 57-year-old woman who sustained a work-related injury on June 23, 2003. Subsequently, she developed chronic back pain. The patient underwent a lumbar spinal fusion in 2011. The patient was also treated with pain medications, epidural injections and physical therapy. According to a progress note dated on January 13, 2013, the patient was reported to complain of chronic low back pain radiating to both lower extremities with a severity rated 10 over 10. Her pain is interfering with her activity of daily living. The patient continued to have severe back pain despite pain medications. The patient was on Norco, Duragesic patch, Topamax, Zanaflex and Actiq. Her physical examination demonstrated that the patient was not able to perform heel and toe walking, loss of lordosis, lumbar tenderness with reduced range of motion, positive sciatic and femoral tension signs bilaterally and decreased sensation to light touch in both lower extremities. Examination of the thoracic spine showed tenderness to palpation and restricted range of motion. According to the note of September 16, 2013, the patient was reported to have chronic neck and upper extremities pain. Her physical examination at that time showed cervical tenderness with reduced range of motion, no neurologic deficit the upper extremities and tenderness in the lumbar spine with reduced range of motion. The patient MRI of the lumbar spine performed on February 6, 2012 demonstrated L3-L4 disc protrusion with displacement of the nerve roots and disc bulging and facet hypertrophy at L4-L5. The patient was diagnosed with lumbar radiculopathy secondary to failed back surgery and cervical disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PAIN MANAGEMENT FOLLOW UP AND TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Despite the use of extremely high doses of opioids, the patient continued to have severe and disabling back pain and also neck pain. The patient's underlying back pathology does not correlate with the severity of pain and the response to pain medications falls outside the established norms. There is documentation of an active lumbar or cervical issue. The treatment by a pain management specialist cannot be determined without giving the opportunity to the pain management physician to evaluate the patient. Furthermore, the patient was approved for a hardware injection which could change the patient management. Therefore, the request for pain management with treatment is not medically necessary, without documentation from a pain management evaluation.

1 SPINAL CORD STIMULATOR TRIAL AND IMPLANT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-106.

Decision rationale: According to MTUS guidelines, spinal cord stimulator is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Prior to spinal neurostimulator implantation, the patient should have a psychological evaluation and clearance from drug abuse. There is no evidence that the patient was cleared psychologically. In addition, the patient was approved for pain management consultation and hardware block and it would be appropriate to evaluate the outcome of the consultation and the procedure before considering spinal cord stimulator. There is no clear evidence that the patient underwent multidisciplinary rehabilitation approach and psychological evaluations. Therefore, the request is not medically necessary.

NORCO 10/325MG #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, she continued to have severe pain despite the use of very high dose of opioids that exceeded the maximum safety limit. There is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. Previous reviews recommended weaning the patient from Norco because of unjustified use of high dose of Norco that exceeded the max recommended dose. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325mg #135 is not medically necessary at this time.

ACTIQ 200MCG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq(fentanyl lollipop Page(s): 12.

Decision rationale: Actiq (oral transmucosal fentanyl citrate), a fast acting highly potent "lollipop" painkiller produced by Cephalon, is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Actiq is not for use in chronic pain. The patient continued to have a chronic and severe pain despite a previous use of Actiq since at least 2013 without any pain or functional improvement. In addition, Actiq is indicated only for the management of breakthrough cancer pain. This patient was not diagnosed with cancer. Therefore, the request for Actiq 200mcg #30 is not medically necessary.

ZANAFLEX 4MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back or neck pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain. The drug was used at least since 2013 without clear efficacy. Therefore, The request for Zanaflex 4mg #120 is not medically necessary.

PRILOSEC 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is taking NSAID or have GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg#60 is not medically necessary.