

Case Number:	CM14-0026049		
Date Assigned:	03/03/2014	Date of Injury:	07/18/2010
Decision Date:	03/06/2014	UR Denial Date:	02/25/2014
Priority:	Expedited	Application Received:	03/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This 52 year-old male sustained an injury on 7/18/10 while employed by the [REDACTED]. Requests under consideration include Left C3, C4, C5 Injection, Orphenadrine 100 mg, TENS unit 30-day trial, Topamax 50 mg, and Ultram 200 mg with refills. Report of 2/4/14 from [REDACTED] noted patient with complaints of neck and back pain with radiation to right buttock and posterior knee. Exam showed positive cervical facet loading at left C3, C4, C5 concordant with pain; positive SLR on right and decreased sensation in right buttocks and lateral calf. Diagnoses included lumbago, sciatica, facet syndrome, and cervicgia. Prior treatment has included C3, C4, and C5 Radiofrequency done in December 2012 with 75% relief for 5 months, activity modification, and medications. Above requests were non-certified on 2/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C3, C4 AND C5 INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS 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), Neck & Upper Back, Facet joint diagnostic blocks and Pain, Facet Joint Injections

Decision rationale: This 52 year-old male sustained an injury on 7/18/10 while employed by the [REDACTED]. Requests under consideration include Left C3, C4, C5 Injection, Orphenadrine 100 mg, TENS unit 30-day trial, Topamax 50 mg, and Ultram 200 mg with refills. Report of 2/4/14 from [REDACTED] noted patient with complaints of neck and back pain with radiation to right buttock and posterior knee. Exam showed positive cervical facet loading at left C3, C4, C5 concordant with pain; positive SLR on right and decreased sensation in right buttocks and lateral calf. Diagnoses included lumbago, sciatica, facet syndrome, and cervicalgia. Prior treatment has included C3, C4, and C5 Radiofrequency done in December 2012 with 75% relief for 5 months, activity modification, and medications. Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. The patient had previous radiofrequency with 75% relief for only 5 months duration. Clinical findings of the upper extremity do not indicate any neurological deficits and there is no MRI report provided for review to indicate significant facet arthropathy. Submitted reports have no indication for failed conservative trial. Criteria per Guidelines have not been met. The LEFT C3, C4 AND C5 INJECTION is not medically necessary and appropriate.

TENS UNIT - 30 DAY TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: This 52 year-old male sustained an injury on 7/18/10 while employed by the [REDACTED]. Requests under consideration include Left C3, C4, C5 Injection, Orphenadrine 100 mg, TENS unit 30-day trial, Topamax 50 mg, and Ultram 200 mg with refills. Report of 2/4/14 from [REDACTED] noted patient with complaints of neck and back pain with radiation to right buttock and posterior knee. Exam showed positive cervical facet loading at left C3, C4, C5 concordant with pain; positive SLR on right and decreased sensation in right buttocks and lateral calf. Diagnoses included lumbago, sciatica, facet syndrome, and cervicalgia. Prior treatment has included C3, C4, and C5 Radiofrequency done in December 2012 with 75% relief for 5 months, activity modification, and medications. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired.

There is no documented short-term or long-term goals of treatment with the TENS unit. The TENS UNIT - 30 DAY TRIAL is not medically necessary and appropriate.

ORPHENADRINE 100MG BID PRN SPASM #60, REFILL X3: 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): 128.

Decision rationale: This 52 year-old male sustained an injury on 7/18/10 while employed by the [REDACTED]. Requests under consideration include Left C3, C4, C5 Injection, Orphenadrine 100 mg, TENS unit 30-day trial, Topamax 50 mg, and Ultram 200 mg with refills. Report of 2/4/14 from [REDACTED] noted patient with complaints of neck and back pain with radiation to right buttock and posterior knee. Exam showed positive cervical facet loading at left C3, C4, C5 concordant with pain; positive SLR on right and decreased sensation in right buttocks and lateral calf. Diagnoses included lumbago, sciatica, facet syndrome, and cervicalgia. Prior treatment has included C3, C4, and C5 Radiofrequency done in December 2012 with 75% relief for 5 months, activity modification, and medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2010. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The ORPHENADRINE 100MG BID PRN SPASM #60, REFILL X3 is not medically necessary and appropriate.

ULTRAM 200MG ONE QD #30, REFILL X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in

medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The ULTRAM 200MG ONE QD #30, REFILL X3 is not medically necessary and appropriate.

TOPAMAX 50MG BID #60, REFILL X3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate. Decision based on Non-MTUS Citation ODG, Pain, Topiramate

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth- or fifth-line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports. The TOPAMAX 50MG BID #60, REFILL X3 is not medically necessary and appropriate.