

Case Number:	CM14-0073131		
Date Assigned:	07/16/2014	Date of Injury:	05/14/2007
Decision Date:	10/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

61y/o male injured worker with date of injury 5/14/07 with related back, neck and shoulder pain. Per the most recent progress report, dated 3/17/14, the injured worker rated his pain 8/10 in intensity. The injured worker reported that Celebrex helped 80% and did not cause GI upset, however Celebrex had apparently been denied. It was also noted that Norco and all opioids caused GI upset. He had failed Motrin and naproxen. He noted that his back pain was generalized and located on both sides. It was described as aching, cramping, and spasmodic and worse with squatting, standing, and walking. MRI of the cervical spine dated 1/29/13 revealed multilevel degenerative changes, most predominant at C4-C5. Bilateral neural foraminal narrowing was noted at C4-C5, C5-C6, and C6-C7. Treatment to date has included physical therapy, injections, radiofrequency treatments, and medication management. The date of UR decision was 4/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right CRFA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint radiofrequency neurotomy

Decision rationale: Per ODG TWC:Criteria for use of cervical facet radiofrequency neurotomy:1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks.2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function.3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks).4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks.5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy.6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.The documentation submitted for review lacked evidence of successful diagnostic block. As the criteria are not met, the request is not medically necessary.

Celebrex 200mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. The documentation submitted for review indicates the injured worker had 80% pain relief with the use of this medication. He was refractory to ibuprofen and naproxen. The UR physician agreed with dispensing Celebrex, but not 3 refills; he authorized 2. Three refills are permissible as the MTUS does not mandate periodic documentation of efficacy nor functional improvement with NSAIDs. The request is medically necessary.

Lamictal: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-17, 20.

Decision rationale: Per MTUS CPMTG p20 "Lamotrigine (Lamictal) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain; (Backonja, 2002) (Namaka, 2004) (Maizels, 2005) (ICSCI, 2005) (Dworkin, 2003) (Wiffen-

Cochrane, 2007)." The injured worker does not have any of these conditions. The request is not medically necessary.

Mag oxide: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs; opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601074.html>

Decision rationale: Per the National Institutes of Health, Magnesium oxide may be used for different reasons. Some people use it as an antacid to relieve heartburn, sour stomach, or acid indigestion. Magnesium oxide also may be used as a laxative for short-term, rapid emptying of the bowel (before surgery, for example). It should not be used repeatedly. Magnesium oxide also is used as a dietary supplement when the amount of magnesium in the diet is not enough. The documentation submitted for review indicates that magnesium oxide is prescribed for constipation at a dose of 400mg using one tablet up to 3 times a day as needed for constipation. Per MTUS CPMTG, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. However, as continued opioid therapy was not supported, the request is not medically necessary.

Norco 10/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior

(e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and are present in the form of UDS. UDS dated 1/27/14 was consistent with prescribed medications. However, As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.