MAXIMUS Federal Services

Case Number:	CM14-0086975		
Date Assigned:	07/25/2014	Date of Injury:	06/11/1997
Decision Date:	09/16/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiology, has a subspecialty in pain Medicine and is licensed to practice in Texas and Florida. 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 64 year old male who was injured on 6/11/1997. The diagnoses are low back pain, headache, right shoulder and neck pain. There are additional diagnoses of insomnia, depression and sexual dysfunction. In 2013, the MRI showed cervical spine stenosis and neural foramina stenosis. An electromyography and nerve conduction studies (EMG/NCS) showed C6 and C7 radiculopathy. The past surgical history is significant for right rotator cuff, lumbar surgery and cervical spine fusion. The UDS was consistent. On 5/16/2014, [redacted] noted subjective complaints of 8/10, neck pain radiating to the upper extremities and tenderness over the cervical spine. There was positive Spurling sign, positive FABER sign and tenderness over the lumbar spine area. There was no documentation on the effects of a prior cervical spine median branch block injections procedure. The medications are listed as Topamax, Neurontin, Norco and Oxycontin for pain, Modafinil for opioid associated drowsiness and Pristiq for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg.. #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124.

Decision rationale: The California MTUS Guidelines addressed the use of opioids in the treatment of musculoskeletal pain. Opioids can be used for short term treatment of severe exacerbation of chronic pain. The chronic use of high dose opioids can lead to tolerance, addiction and opioid induced hyperalgesia state. The adverse effects of opioid medications are increased during utilization of high dose opioid medications. The records indicate that the patient is reporting opioid related side effects such as daytime somnolence and sexual dysfunction that require treatment. The persistent high pain levels are indicative of opioid induced hyperalgesia state. The criterion for the utilization of Norco 10/325mg #240 was not met and therefore the request is not medically necessary.

Oxycontin 60mg.. #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124.

Decision rationale: The California MTUS Guidelines addressed the use of opioids in the treatment of musculoskeletal pain. Opioids can be used for short term treatment of severe exacerbation of chronic pain. The chronic use of high dose opioids can lead to tolerance, addiction and opioid induced hyperalgesia state. The adverse effects of opioid medications are increased during utilization of high dose opioid medications. The records indicate that the patient is reporting opioid related side effects such as daytime somnolence and sexual dysfunction that require treatment. The persistent high pain levels are indicative of opioid induced hyperalgesia state. The criterion for the utilization of OxyContin 60mg #240 was not met and therefore the request is not medically necessary.

Modafinil 200mg..#150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 5th edition, 2007. Pain, Chronic.. Provigil,.modafinil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain Chapter.

Decision rationale: The California MTUS did not address the use of stimulants during chronic opioid treatment. The ODG guidelines recommend that prescribers should implement opioid reduction or opioid rotation strategies before utilizing long term stimulant medications for the treatment of sedative effects in patients on high dose opioid medications. The records indicate that the patient is reporting many symptoms and signs of high dose opioid side effects. The patient is also utilizing other medications with sedative effects. The need for utilization of

Modafinil for the treatment of daytime somnolence will decrease when the opioid reduction regimen is implemented. The criterion for the use of Modafinil 200mg #150 was not met and therefore the request is not medically necessary.

Dorsal Rami Diagnostic Block - Cervical Spine C2-3 Bilateral..#2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2007 : Neck and Upper Back (Acute & Chronic): Facet joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter. Neck and Upper Back Pain.

Decision rationale: The California MTUS did not address the use of diagnostic facet blocks in the treatment of chronic neck pain. The ODG guidelines recommended that facet injections be utilized for patients with objective findings of cervical facet syndrome when radiculopathy have been excluded. The record indicate that the patient have subjective and objective findings consistent with cervical radiculopathy. The 2013 EMG/NCS showed cervical radiculopathy. There was a history of prior cervical fusion. The 2013 MRI showed cervical stenosis and neural foramina narrowing. There was no documentation of significant pain relief after a prior diagnostic block. The criterion for bilateral C2-C3 dorsal rami diagnostic blocks was not met and therefore the request not medically necessary.

Dorsal Rami Diagnositic Block - Cervical Spine C3-4 Bilateral..#2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2007. Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter. Neck and Upper Back.

Decision rationale: The CA MTUS did not address the use of diagnostic facet blocks in the treatment of chronic neck pain. The ODG guidelines recommended that facet injections be utilized for patients with objective findings of cervical facet syndrome when radiculopathy have been excluded. The record indicate that the patient have subjective and objective findings consistent with cervical radiculopathy. The 2013 EMG/NCS showed cervical radiculopathy. There was a history of prior cervical fusion. The 2013 MRI showed cervical stenosis and neural foramina narrowing. There was no documentation of significant pain relief after a prior diagnostic block. The criteria for bilateral C3-C4 dorsal rami diagnostic blocks #2 was not met and therefore the request is not medically necessary.