

Case Number:	CM14-0088928		
Date Assigned:	07/23/2014	Date of Injury:	01/05/2006
Decision Date:	08/27/2014	UR Denial Date:	05/18/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 61-year-old male with date of injury of 01/05/2006. The listed diagnoses per [REDACTED] dated 06/10/2014 are chronic cervicgia with cervical degenerative disk disease; moderate bilateral foraminal stenosis at C4-C5; moderate neuroforaminal stenosis, right greater than left at C5-C6; moderately severe bilateral foraminal stenosis at C6-C7; possible right shoulder impingement; and chronic low back pain, status post fusion at L5-S1. According to this report, the patient complaints of increase pain in the low back that radiates into the legs as well as severe headaches and muscle spasms in the neck and shoulders. The patient states that without his medications, his headaches have become more frequent and intense with the patient being very sensitive to light. He rates the pain without the medications 8/10. He also describes increased muscles spasms in the neck and shoulders that are only temporarily and moderately improved with massage and Icy Hot. The physical therapy shows the patient exhibits significant guarding to the cervical spine with restricted painful movement noted in all planes of movement. The patient describes significant pain in the cervical spine in any position, whether sitting, standing, or lying down. There is diffuse tenderness in the cervical paraspinals and bilateral shoulder girdles. The utilization review denied the request on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation of the medial branches at C4-5 and C5-6 bilaterally: Upheld

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

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), Low Back, Radio Frequency Ablation (Lumbar Spine).

Decision rationale: This patient presents with low back pain that radiates to the legs with severe headaches and muscles spasms in the neck and shoulders. The treater is requesting a radiofrequency ablation of the medial branches at C4-C5 and C5-C6 bilaterally. The ACOEM Guidelines page 174 notes under the footnote, There is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who have a positive response to facet injections. Lasting relief (8 to 9 months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures. The Official Disability Guidelines (ODG) on facet joint radiofrequency neurotomy states that it is currently under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-to-case basis only. For factors associated with treatment failure, ODG lists patients with high opiates use, long duration of pain and disability, and history of lumbar surgery. This patient has all of these and is unlikely to improve for radiofrequency ablation of the cervical spine even if the patient did have a positive DMB diagnostics. Recommendation is not medically necessary.

Fentanyl 50mcg/hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) and Fentanyl Page(s): 44, 47, 78.

Decision rationale: This patient presents with low back pain that radiates to the legs with severe headaches and muscles spasms in the neck and shoulders. The treater is requesting fentanyl 50 mcg per hour #15. The MTUS page 44 on Duragesic (fentanyl transdermal system) states that it is not recommended as a first line therapy. The FDA approved product-labeling states that Duragesic is indicated in the management of chronic pain in patients who required continuous opioid analgesia for pain that cannot be managed by other means. MTUS page 47 also notes that fentanyl is an opioid analgesic with potency 80 times that of morphine. Furthermore, for chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of the MTUS requires, pain assessment that requires current pain; the least reported pain over the period since last assessment; average pain; density of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, the 4As for ongoing monitoring are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior. The record show that the patient has been using fentanyl patches since 03/13/2013. The progress report dated 03/13/2013 notes that the patient rates his pain 5- 6/10 with the use of his current analgesic medications and 8/10 without medications. His medications

include fentanyl patches, Lunesta, Soma, Ibuprofen and Norco for breakthrough pain. The patient takes his prescribed medications without any negative side effects and the record show that the patient is not showing any aberrant drug behaviors. It was also noted that the medications are allowing him to perform his daily activities without too much discomfort, but he does note increased neck pain with a rotational movements or holding his head in an upright position for long periods of time. The report dated 06/10/2014 documents; the patient does have severe chronic pain that requires continuous around the clock opioid administration for an extended period of time that cannot be managed by other means. The patient has opioid tolerance as he has been treated with opioids for many years since his injury in 2006. In this case, the treater has provided adequate documentations regarding opiates management. Recommendation is medically necessary.

Soma 350mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. 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: This patient presents with low back pain that radiates to the legs with severe headaches and muscles spasms in the neck and shoulders. The treater is requesting Soma 350 mg #60 with 3 refills. The MTUS Guidelines page 21 on carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skills or muscle relaxant, whose primary active metabolite is meprobamate (a Schedule IV Controlled Substance). The records show that the patient has been taking Soma since 03/13/2013. In this case, Soma is not indicated for long-term use. Recommendation is not medically necessary.