MAXIMUS Federal Services

Case Number:	CM14-0180244		
Date Assigned:	11/21/2014	Date of Injury:	01/13/1974
Decision Date:	01/21/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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 & Rehab, 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:

Per the utilization review form the injured worker is a 72 year old female who was injured on January 13, 1974. Per the progress report dated 07/11/2014, the injured worker had neck pain radiating to the bilateral shoulders and upper extremities as well as well as low back pain radiating down both lower extremities. Diagnosis include chronic neck pain with radiculopathy, chronic cervicogenic headaches, history of cervical spine fusion in the 1970s, chronic low back pain, bilateral lower extremity pain, bilateral lumbar radiculitis, history of lumbar spine surgery, and lumbar spinal stenosis. Treatment modalities included chronic pain medication maintenance regimen, activity restrictions, and rest. X-ray of the cervical spine dated May 24, 2013 showed C4-C5 anterolisthesis which means fixed between flexion and extension, status post C5-6 anterior fusion, C4-5 and C6-7 discogenic degenerative disease. Magnetic resonance imaging of the lumbar spine dated September 21, 2011 showed moderate central canal stenosis at L3-L4, moderate left sided L3-L4neural foraminal stenosis due to facet spurs. Recent history dated September 8, 2014 showed severe tenderness and spasm in her bilateral paracervical, trapezius and rhomboidal muscles and ligaments with decreased range of motion. Treatment plan included heat, ice, rest, gentle stretching, and further care and monitoring. Utilization review form dated October 21, 2014 modified methadone 10 mg, noncertified Prilosec with three refills, modified amitriptyline with three refills, non-certified 1 epidural steroid injection at L5-S1, and non-certified 1 bilateral epidural steroid injection at C3-7. Methadone is modified due to not supporting long term care. Prilosec was denied due to not meeting criteria. Amitriptyline was modified for to 1 prescription per guidelines. Epidural steroid injections were denied due to guidelines recommendations

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Methadone 10mg #360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the back and neck, with pain radiating down her legs, arms and hips bilaterally. The current request is for 1 prescription for Methadone 10mg #360. The treating physician report dated 9/8/14 (39) states that patient's current pain medication regimen benefits include a reduction of pain, increased activity tolerance, and restoration of partial functioning. The physician further states that, "Chronic pain medication regimen and rest continue to keep pain within a manageable level allowing the patient to complete necessary activities of daily living." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).Reports provided show that the patient has been taking methadone for pain management since at least 4/14/14. In this case the treating physician notes that the patient's pain level is 7.5/10 without medications and 7.5/10 with medications on VAS scale. While the physician does mention that the patient reports that the benefits of the pain medication, activity restriction and rest continue to keep pain within a manageable level, her pain level remains the same with medication and without. Furthermore the physician does not address if the patient has had any adverse effects or adverse behavior while taking Methadone. In this case the physician has noted that the patient's pain level is no longer improving while on the current medication and has failed to address all of the four A's as required with long term opioid use by the MTUS guidelines therefore request is not medically necessary.

1 prescription for Prilosec with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the back and neck, with pain radiating down her legs, arms and hips bilaterally. The current request is for 1 prescription for Prilosec with 3 refills. The requesting physician's report for the prescription of Prilosec was not found in the documents provided. Furthermore there was no documentation of any NSAID use

in the most current progress report provided dated 9/9/14. The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case there was no documentation provided of any current NSAID use or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69 therefore request is not medically necessary.

Amitriptyline with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, Anti-depressants Page(s): 13, 14-15.

Decision rationale: The patient presents with pain affecting the back and neck, with pain radiating down her legs, arms and hips bilaterally. The current request is for Amitriptyline with 3 refills. The requesting physician's report for the prescription of Amitriptyline was not found in the documents provided. Reports provided indicate that the patient has been prescribed this medication since at least 5/13/14. The treating physician report dated 9/8/14 (39) states that patient's current pain medication regimen benefits include a reduction of pain, increased activity tolerance, and restoration of partial functioning. The physician further states that, "Chronic pain medication regimen and rest continue to keep pain within a manageable level allowing the patient to complete necessary activities of daily living." Amitriptyline is recommended by the MTUS guidelines as a first-line agent for neuropathic pain as stated on pages 13-14. In this case the treating physician has not noted any adverse behavior or side effects while taking the medication and has noted symptoms of neuropathic pain upon examination of the patient therefore request is medically necessary.

ESI between L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The patient presents with pain affecting the back and neck, with pain radiating down her legs, arms and hips bilaterally. The current request is for an ESI between L5-S1. The treating physician report dated 9/9/14 notes that the patient's last injection was June 2014 and that it provided the patient with 70% pain relief. The physician goes on to state that an MRI of the lumbar spine taken 9/21/11 shows moderate central canal stenosis at L3-4 and moderate left sided L3-4 neural foraminal stenosis due to facet spurs. MTUS Guidelines do

recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case the patient has received one previous ESI to the lumbar spine in in June 2014 that provided 70% relief of her symptoms for two months. The treating physician has documented a positive straight leg raise and decreased sensation of the left lower extremity and foot that is corroborated by imaging studies as required by the MTUS guidelines therefore request is medically necessary.

Bilateral ESI at C3-7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The patient presents with pain affecting the back and neck, with pain radiating down her legs, arms and hips bilaterally. The current request is for a Bilateral ESI at C3-7. A report dated 4/7/14 notes that the patient received an ESI with catheter under fluoroscopy guidance at C5-6. The treating physician report dated 9/9/14 mentions that the cervical injection was to follow the lumbar injection at a later time (specific timetable was not mentioned); no further discussion directly relating to the request for the ESI at C3-7 was included in the report provided. The MTUS guidelines state that ESI's "do not provide long-term pain relief beyond 3 months and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the MTUS guidelines do not recommend ESI's for radicular cervical pain, there are no MRI findings of the cervical spine reported and the request is for 4 levels, when no more than two levels should be injected at one session therefore request is not medically necessary.