

Case Number:	CM15-0007130		
Date Assigned:	01/22/2015	Date of Injury:	01/11/1999
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 66 year old female, who sustained an industrial injury on January 11, 1999. She has reported injury in a motor vehicle accident. The diagnoses have included cervical spondylolisthesis status post anterior cervical discectomy and fusion at C4-5 and C5-6, severe cervicgia and radiculopathy with cervicogenic headache, bilateral cervical radiculopathy, myofascial pain/cervical dystonia symptoms, occipital neuralgia, impaired sleep due to pain, history of an occipital stimulator implant/explant due to infection and medication dependency due to pain with compliance and efficacy. Treatment to date has included diagnostic studies and medications. Currently, the injured worker complains of constant headaches that start in the occipital area bilaterally and radiate all over her head and face. Neck pain was also increased with intermittent bilateral arm pain. On December 31, 2014, Utilization Review non-certified Aciphex 20 milligrams #30, Botox 200U for headache, Dilaudid 4 milligrams #75, Icy Hot Patches #60, Lorzone 750 milligrams #90, MS Contin 15 milligrams #90 and Zofran 4 milligrams #30, noting the California Medical Treatment Utilization Schedule Guidelines and Food and Drug Administration approved Labeling information for Zofran. On January 13, 2015, the injured worker submitted an application for IMR for review of Aciphex 20 milligrams #30, Botox 200U for headache, Dilaudid 4 milligrams #75, Icy Hot Patches #60, Lorzone 750 milligrams #90, MS Contin 15 milligrams #90 and Zofran 4 milligrams #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On going Management Page(s): 78.

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 change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. 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 for this chronic injury without acute flare, new injury, or progressive deterioration. The Ms Contin 15mg #90 is not medically necessary and appropriate.

Dilaudid 4mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On going Management Page(s): 78.

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

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. 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. 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 for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic

opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Dilaudid 4mg #75 is not medically necessary and appropriate.

Icy Hot Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These topical cream containing active ingredients of Menthol, Methyl Salicylate and Camphor may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of without documented functional improvement from treatment already rendered. The Icy Hot Patches is not medically necessary and appropriate.

Lorzone 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. 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 as the patient remains unchanged. The Lorzone 750mg #90 is not medically necessary and appropriate.

Aciphex 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication and Gastrointestinal Symptoms Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Aciphex medication is indicated for short-term (4 to 8 weeks) treatment in the healing and symptomatic relief of erosive or problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers. Although there was noted symptoms, the patient has discontinued NSAIDs and submitted reports have not described or provided any GI diagnosis, clinical findings, or confirmed diagnostic testing that meet the criteria to indicate medical treatment to warrant this medication. The Aciphex 20mg #30 is not medically necessary and appropriate.

Botox 200U for headache: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin, pages 25-26.

Decision rationale: Injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia, a non-traumatic or industrial disorder. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. There are no high quality studies that support its use in whiplash-associated disorder, headaches, and would be precluded for diagnosis of cervical radiculopathy. MTUS advises Botox injections may be an option in the treatment of cervical dystonia, but does not recommend it for mechanical neck disorders, including whiplash, myofascial or migraine headaches. Report from the provider has not documented clinical findings or functional limitations to support for Botox injection, only noting unchanged pain complaints. There are no neurological deficits demonstrated nor is there any functional benefit documented from treatment previously rendered. Submitted reports have not demonstrated subjective pain relief, functional improvement in ADLs, decreased in medical utilization or increased in work status for this chronic injury. Medical necessity has not been established. The Botox 200U for headache is not medically necessary and appropriate.

Zofran 4mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antiemetics (for opioid nausea), page 773

Decision rationale: The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor

antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to this injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The Zofran 4mg #30 is not medically necessary and appropriate.