

Case Number:	CM15-0192637		
Date Assigned:	10/06/2015	Date of Injury:	06/16/2007
Decision Date:	12/14/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 52 year old male, who sustained an industrial injury on 6-16-2007. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain with history of left side radiculopathy status post discogram, chronic low back pain with spondylosis, myofascial pain-spasm, rule out cervical spondylosis, coronary artery disease status post MI, NIDDM-diet controlled, and reactive depression-improving with the diagnoses of degenerative cervical intervertebral disc, degenerative lumbar-lumbosacral intervertebral disc, cervical spondylosis without myelopathy, lumbar spondylosis without myelopathy, unspecified myalgia and myositis, cervicgia, and lumbago. On 9-8-2015, the injured worker reported no major changes in his lower back pain and neck pain, with tingling in the legs, and poor sleep quality, and medications keeping the pain tolerable. The Primary Treating Physician's report dated 9-8-2015, noted the injured worker currently working with his average pain since the previous visit was rated 6 out of 10, increased from 5 out of 10 on 7-13-2015, his mood was rated 8 out of 10 since the previous visit, increased from 7 out of 10 on 7-13-2015, and his functional level was rated 6 out of 10 since the previous visit, consistent with the 7-13-2015 report. The injured worker's current medications were noted to include Celebrex, prescribed since at least 5-14-2015, Cymbalta, prescribed since at least 5-14-2015, Fentanyl patch, prescribed since at least 5-14-2015, Lunesta, Methadone, begun as a trial on 5-14-2015, Mirapex, and Percocet, prescribed since at least 5-14-2015. The physical examination was noted to show baseline neck and back pain with residual cervicgia and right arm pain to ulnar side with numbness consistent with his injury and MRI. The axial low back pain was noted to have

"decreased overall since the RFA of the L spine in April". The injured worker was noted to have no new leg pain with the back pain consistent with facet disease as well. The treating physician indicates that a cervical spine MRI dated 11-12-2013, showed minimal to mild central canal stenosis and moderate left foraminal stenosis associated with mild right neural foraminal stenosis at C6-C7 secondary to a 4.0mm broad based disc protrusion, and a urine drug screen (UDS) dated 5-14-2015 that was positive for oxycodone. Prior treatments have included a bilateral L3-L4, L4-L5, and L5-S1 radiofrequency ablation on 4-8-2015, with notation that the injured worker had not noticed a significant change in his pain and medications that were noted to have been tried and failed including Baclofen, Norco, Nucynta, Amrix-GI, Percocet 10-325, Oxycodone 15mg, Lorzone, Soma, and Nucynta 100mg. The treatment plan was noted to include discussion of the treatment agreement for medical management and "4As", continued medications with the exception of holding the Lunesta and Mirapex, with continuation of the Zoloft per the primary care physician, review of the urine drug screen (UDS) done 5-14-2015 that was noted to be consistent, order of a new cervical spine MRI, and request for a selective right C6-C7 injection. The request for authorization dated 9-11-2015, requested selective right C6-C7 epidural steroid injection, Fentanyl patch 25mg #15 with one refill (1x2), Celebrex 200mg #60 with one refill (1x2), Cymbalta 30mg #60 with one refill (1x2), Percocet 10/325mg #120 with one refill (1x2), and Methadone 5mg #60 with one refill (1x2). The Utilization Review (UR) dated 9-17-2015, non-certified the requests for selective right C6-C7 epidural steroid injection, Fentanyl patch 25mg #15 with one refill (1x2), Celebrex 200mg #60 with one refill (1x2), Cymbalta 30mg #60 with one refill (1x2), Percocet 10/325mg #120 with one refill (1x2), and Methadone 5mg #60 with one refill (1x2).

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective right C6-7 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker complains of chronic radicular neck pain. Documentation reviewed indicates that the injured worker received a previous Epidural Steroid injection without demonstrable

Objective improvement in pain and function that meets the guideline criteria of at least 50%. The medical necessity for a second epidural steroid injection has therefore not been established. The request for Selective right C6-7 epidural steroid injection is not medically necessary per guidelines.

Fentanyl patch 25mg #15 with one refill (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Opioids, criteria for use, Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Fentanyl transdermal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Patches are worn every 72 hours. The injured worker complains of chronic radicular neck and low back pain. Documentation fails to demonstrate adequate objective improvement in pain or level of function, to justify continued clinical use of opioids. In the absence of significant response to treatment and lack of meeting MTUS guidelines, the request for Fentanyl patch 25mg #15 with one refill (1x2) is not medically necessary.

Celebrex 200mg #60 with one refill (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. Documentation fails to show that the injured worker has history of significant gastrointestinal

events. Being that MTUS guidelines have not been met, the request for Celebrex 200mg #60 with one refill (1x2) is not medically necessary.

Cymbalta 30mg #60 with one refill (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Antidepressants for chronic pain, Tricyclics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Their main role is in treating psychological symptoms associated with chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The use of this drug for neuropathic pain and radiculopathy is off label. The injured worker complains of chronic radicular neck and low back pain, with subjective report of some improvement in pain and quality of sleep with Cymbalta. However, physician reports fail to show objective improvement in pain or level of function to establish the medical necessity for ongoing use of this medication. The request for Cymbalta 30mg #60 with one refill (1x2) is not medically necessary by MTUS.

Percocet 10/325mg #120 with one refill (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular neck and low back pain. Documentation fails to demonstrate adequate objective improvement in pain or level of function, to justify continued clinical use of opioids. In the absence of significant response to treatment and lack of meeting MTUS guidelines, the request for Percocet 10/325mg #120 with one refill (1x2) is not medically necessary.

Methadone 5mg #60 with one refill (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular neck and low back pain. Documentation fails to demonstrate adequate objective improvement in pain or level of function, to justify continued clinical use of opioids. In the absence of significant response to treatment and lack of meeting MTUS guidelines, the request for Methadone 5mg #60 with one refill (1x2) is not medically necessary.