

Case Number:	CM15-0081291		
Date Assigned:	05/05/2015	Date of Injury:	08/18/2008
Decision Date:	09/09/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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:

This 43 year old female sustained an industrial injury on 8/18/08. She subsequently reported neck pain. Diagnoses include cervical post laminectomy syndrome, cervical spondylosis without myelopathy, cervical radiculopathy and herniated nucleus pulposus. Treatments to date include x-ray and MRI testing, surgery, therapy, acupuncture, chiropractic care, injections and prescription pain medications. The injured worker continues to experience neck pain and headaches. Upon examination it is noted that the injured worker walks with an antalgic gait and uses a cane. Ranges of motion and strength are diminished. A request for Aspirin, Colace, Topamax, Morphine sulphate immediate release, Morphine sulphate extended release, Zanaflex, Cymbalta and Gabapentin medications as well as urine drug screen and quantitative urine confirmation and bilateral C3-6 facet joint injections was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-6 facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: As per MTUS Facet joint therapeutic steroid injections are not recommended and are of questionable merit. ODG also do not recommended Intra-articular blocks. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. While not recommended, criteria for use of therapeutic intra-articular blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. Per submitted records the injured worker has chronic radicular pain. The treating provider's notes do not clearly indicate symptoms and signs consistent with facet joint pain. There are no corroborative imaging studies. The Requested Treatment: Bilateral C3-6 facet joint injections is not medically necessary.

Urine drug screen & quantitative urine confirmation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Urine Drug Testing (UDT).

Decision rationale: This request for urine drug test is evaluated in light of the Official Disability Guidelines (ODG) for Urine Drug Testing (UDT). ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records show the injured worker's prior drug screen results did not indicate substance abuse, noncompliance, or aberrant behavior. This injured worker had drug

screen recently. The treating provider does not provide any documentation about the need for another Urine Toxicology. Guidelines are not met, therefore, the request is not medically necessary. It is also determined that use of opioids is not medically necessary and appropriate.

Gabapentin 600mg #180 (DOS: 3.16.15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) for pain Page(s): 16-20, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The records documented that this injured worker has neuropathic pain related to her chronic low back condition. Neurontin has been part of her medical regimen. However In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining the functional improvement. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

Cymbalta 60mg, 30 capsules (DOS: 3.16.15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Cymbalta; Antidepressants for chronic pain.

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, there is no documentation of objective functional benefit with prior medication use. The medical necessity for Cymbalta has not been established. The requested medication is not medically necessary. Discontinuation should include a taper, to avoid withdrawal symptoms

Zanaflex 4mg #60 (DOS: 3.16.15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29, 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. There is also no documentation of functional improvement with the use of this medication. The guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Morphine sulfate extended release 30mg #60 (DOS: 3.16.15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: According to ODG and MTUS, Morphine sulfate extended release is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. Medical necessity of the requested item has not been established. Of note, discontinuation should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Morphine sulfate immediate release 15mg tablet #60 (DOS: 3.16.15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: According to ODG and MTUS, Morphine sulfate immediate release is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. Medical necessity of the requested item has not been established. Of note, discontinuation should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Topamax 50mg tablet #60 (DOS: 3.16.15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) -Anti-epilepsy drugs (AEDs) Page(s): 17-21.

Decision rationale: According to the CA MTUS (2009) Anti-Epilepsy Drugs (AEDs) are considered a first-line treatment for neuropathic pain. Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Review of Medical Records do not show that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Based on the currently available information, the medical necessity for this medication has not been established. The request is not medically necessary.

Colace 100mg #60 (DOS: 3.16.15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioid-induced constipation treatment.

Decision rationale: According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. In this case of injured worker, discussion about first line treatment cannot be located within the submitted medical records. Also, with non-approval of opioid use, the medical necessity of Colace is not established. The requested medication is not medically necessary.

Aspirin 81mg #30 (DOS: 3.16.15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Aspirin and Other Medical Treatment Guidelines US Preventive Services Task Force (USPSTF).

Decision rationale: ODG recommend Aspirin for Pain: 325 to 650 mg every 4 hours as needed, up to 3 grams per day in divided doses. According to the [REDACTED], recommendation for aspirin therapy is indicated for primary prevention of myocardial infarction and ischemic stroke in women, 55-79 years of age, and for men, ages 45-79, when the benefits of aspirin use outweighs the potential harm of gastrointestinal hemorrhage or other serious bleeding. There are no notes from treating provider indicating the rationale for requested treatment. The Requested Treatment: Aspirin 81mg #30 is not medically necessary.