

Case Number:	CM13-0032616		
Date Assigned:	12/11/2013	Date of Injury:	08/01/2005
Decision Date:	02/14/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 54-year-old male who reported an injury on 08/01/2005. The patient is currently diagnosed with chronic pain syndrome, cervical spondylosis without myelopathy, cervicgia, obesity, lumbosacral spondylosis without myelopathy, postlaminectomy syndrome of the cervical region, brachial neuritis or radiculitis, and lumbago. The patient was seen by [REDACTED] on 09/12/2013. The patient reported 7/10 pain. Physical examination revealed paravertebral muscle hypertonicity and spasm with tenderness to palpation in the lumbar spine, positive facet loading maneuver bilaterally, 5/5 motor strength, and intact sensation. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Ablation, Bilateral L2-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the

cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the clinical notes submitted, the patient underwent bilateral L2-5 medial branch block on 02/25/2013. However, there was no documentation of pain relief or functional improvement following the medial branch diagnostic block. Additionally, the current request includes more than 2 levels, which is not recommended. Therefore, the request is non-certified.

Butrans 20mcg/hr patch mcg/hour, apply 1 patch to skin every 5 days QTY: 6.00 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report 7/10 pain. There is no significant change in the patient's physical examination that would indicate functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Cymbalta 30mg capsule, take one at bedtime, QTY: 30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and a psychological assessment. Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain and functional limitation. The patient's psychiatric examination is negative for anxiety, depression, or sleep disturbance. The patient's physical examination does not reveal any significant neurological deficit. The medical necessity for the ongoing use cannot be determined as medically appropriate. Therefore, the request is non-certified.

Cymbalta 60mg capsule, take one at bedtime, QTY: 30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and a psychological assessment. Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain and functional limitation. The patient's psychiatric examination is negative for anxiety, depression, or sleep disturbance. The patient's physical examination does not reveal any significant neurological deficit. The medical necessity for the ongoing use cannot be determined as medically appropriate. Therefore, the request is non-certified.

Norco 10-325 tablet mg; take one twice daily, QTY: 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, there is no indication that this patient has failed to respond to non-opioid analgesics. There is no documentation of a risk assessment profile or screening for aberrant behavior or monitoring for compliance with urine drug screens. Based on the clinical information received, the request is non-certified.

Tizanidine Hcl 4mg tablet; one at bedtime, QTY: 30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommend as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic LBP. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain and functional limitation. As guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.