

<b>Case Number:</b>	CM14-0159376		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/01/2005
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

55y/o male injured worker with date of injury 8/1/05 with related neck, mid back, and lower back pain. Per progress report dated 7/31/14, the injured worker rated his pain 8/10 in intensity. He reported that his pain radiated into both arms and legs, as well as headaches, joint pain, joint stiffness, joint swelling, numbness and tingling, and difficulty with ambulation. Per physical exam, an awkward, slow, stooped gait was noted, tenderness was noted in the paraspinal musculature, lumbar ranges of motion were decreased by pain in all planes. Palpation revealed tenderness, hypertonicity, and spasm in the paravertebral musculature bilaterally. Lumbar facet loading was positive bilaterally. Imaging studies were not available for review. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included injections, and medication management. The date of UR decision was 8/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar radiofrequency ablation at L3, L4 and L5 left then right L4-5 and L5-S1 then will consider bilateral L3-4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy,

**Decision rationale:** Per MTUS ACOEM, "Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks" but beyond that MTUS is silent on specific requirements for RF ablation in the lumbar spine. The ODG indicates that criteria for facet joint radiofrequency neurotomy are as follows: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Regarding criteria (1) above, the criteria for the use of diagnostic blocks for facet "mediated" pain include: 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The documentation submitted for review indicates that the injured worker had positive diagnostic medial branch blocks with greater than 60% relief for the duration of the local anesthetic. The records indicate that the procedure will be performed two levels at a time. However, due to the unusual nature of the request (L3 and L4 on the left, then bilateral L3-L4 again), medical necessity cannot be affirmed. Therefore the request is not medically necessary.

**Butrans 20mcg/hr patch mcg/hr #8 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27, 78.

**Decision rationale:** With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No

analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor)."Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals insufficient documentation to support the medical necessity of Butrans. Per the latest progress report the injured worker reported that his pain was better with medication, yet he continued to have pain rated 8/10 in intensity with the use of Butrans, norco, and Kadian. The ongoing use of this medication is not supported considering its minimal efficacy.Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 5/23/14 was consistent with prescribed medications. The injured worker reported medication side effects including constipation and dizziness. It was documented that the level of functionality of the patient has stayed the same. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore the request is not medically necessary.

**Cymbalta 30mg one QHS #30 x 5 refills: Overturned**

**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 for Chronic Pain Page(s): 13.

**Decision rationale:** Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006).The request is indicated for the injured worker's neuropathic pain. I respectfully disagree with the UR physician's denial based upon the lack of documentation indicating objective findings of increased function with the use of this medication; the MTUS does not mandate documentation of increased function for the use of antidepressants. The request is medically necessary.

**Cymbalta 60mg one QHS #30 x 5 refills: Overturned**

**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 for Chronic Pain Page(s): 13.

**Decision rationale:** Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006). The request is indicated for the injured worker's neuropathic pain. I respectfully disagree with the UR physician's denial based upon the lack of documentation indicating objective findings of increased function with the use of this medication; the MTUS does not mandate documentation of increased function for the use of antidepressants. The request is medically necessary.

**Norco 10/325mg one BID #60 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." "Review of the available medical records reveals insufficient documentation to support the medical necessity of Norco. Per the latest progress report the injured worker reported that his pain was better with medication, yet he continued to have pain rated 8/10 in intensity with the use of Butrans, Norco, and Kadian. The ongoing use of this medication is not supported considering its minimal efficacy. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 5/23/14 was consistent with prescribed medications. The injured worker reported medication side effects including constipation and dizziness. It was documented that the level of functionality of the patient has stayed the same. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.

**Tizanidine Hcl 4 mg one QHS #30 x 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

**Decision rationale:** Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One

study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The documentation submitted for review indicates that this medication has been in use since at least 3/2014. The MTUS CPMTG recommends muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. As the medication has been in use long-term, it is not medically necessary.