MAXIMUS Federal Services

Case Number:	CM14-0173011		
Date Assigned:	10/23/2014	Date of Injury:	12/30/2008
Decision Date:	12/02/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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:

48y/o male injured worker with date of injury 12/30/08 with related neck and low back pain. Per progress report dated 9/30/14, the injured worker reported neck pain rated 5/10 and low back pain rated 4-8/10 in intensity. He noted improvement following left shoulder surgery. He had improved his range of motion, strength, and decreased pain. Per physical exam, moderate pain was noted over the left greater than right C6-C7 and C5-C6 levels. There was moderate spasticity over the right cervices splenius, levator scapulae and cervices superior trapezius region. Sensation was intact, and deep tendon reflexes were 2/4 throughout the upper extremities. Motor strength was 5/5 throughout the bilateral upper and lower extremities. Seated straight leg raise was negative bilaterally. MRI of the cervical spine dated 10/7/11 noted: "Mild kyphosis throughout with multi sided disc degeneration that was mild with disc desiccation from C2 down to C7. Slight narrowed disc noted at C5-C6 and CS-C7 sorer at the C5-C6 level, disc bulge with peripheral margin annular fissure, facet hypertrophy especially on the right side, and moderate to severe right, moderate left neural foraminal stenosis with mild to moderate central canal stenosis. At C6-C7 level, disc bulge with mild uncovertebral spurring, moderate right and mild to moderate left neural foraminal stenosis with mild effacement of the thecal sac, C3-C4, moderate to severe bilateral neural foraminal stenosis with dorsal lateral osteophyte ridging uncovertebral and facet spurring with a central canal that was mildly narrowed." Treatment to date has included surgery, physical therapy and medication management. The date of UR decision was 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-going Management Page(s): 74-82.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 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 '4 as' (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 neither documentation to support the medical necessity of Vicodin nor any documentation addressing the'4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding: Lyrica Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17,99.

Decision rationale: Per MTUS CPMTG, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia."Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per 9/30/14 progress report, it was noted that Lyrica helped decrease the injured worker's burning radiating pain into the interscapular area. It was noted that the injured worker had trialed gabapentin, but switched to Lyrica because it had caused side effects. Per MTUS CPMTG page 17 with regard to

antiepilepsy drugs, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." As the medical records submitted for review did not document functional improvement, the request is not medically necessary.

Cervical Medial Branch Block - Right C5-C6 and C6-C7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) web Neck, Facet joint dianostic blocks ; regarding Dianostic blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks

Decision rationale: The ODG indicates that criteria for facet joint diagnostic blocks (injections) are as follows: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine.2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels).5. Recommended volume of no more than 0.5 cc of injectate is given to each joint.6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.7. Opioids should not be given as a "sedative" during the procedure.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.9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. The documentation submitted for review supports the requested procedure. I respectfully disagree with the UR physician's assertion that because the injured worker had very functional neck use with full cervical range of motion per 9/30/14 physical exam, that this treatment is not indicated. While it is noted that the injured worker was improving, he still complained of neck pain rated 5/10 and low back pain rated 4-8/10 in intensity. The request is medically necessary.