

Case Number:	CM14-0183341		
Date Assigned:	11/10/2014	Date of Injury:	02/25/2010
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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:

The injured worker is a 58-year-old female who reported an injury of unspecified mechanism on 02/25/2010. On 04/21/2014, her diagnoses included cervicgia with left greater than right radiculopathy, C5-6 and C6-7 disc herniations, cervical spondylosis with cervicogenic headache, myofascial pain/spasm, low back pain with new onset of left leg pain status post fusion at L4 and L5 on 05/2012, myofascial pain/spasm, poor sleep hygiene due to chronic pain, cervical and lumbar disc injuries secondary to work, reactive depression/anxiety and gastritis secondary to NSAID use. Her complaints included neck and low back pain, which was increased by sitting and lying down. It was noted that a fentanyl patch helps with baseline pain and Dilaudid was helping with breakthrough pain. As discussion ensued regarding spinal cord stimulation. It was noted that she was not authorized for the RFA on the left. She rated her pain at 6/10 to 7/10. Her medications included Aciphex 20 mg, baclofen 20 mg, Cymbalta 30 mg, Dilaudid 2 mg, Duexis 800/26.6 mg, fentanyl patch 25 mcg per hour, Lunesta 3 mg and Senokot S 8.6/50 mg. Her treatment plan included a renewal of her medications, repeat urine drug screens, approval for RFA and SCS trial for lumbar spine. A Request for Authorization for the medications dated 04/28/2014 was included in this injured worker's chart. There was a Request for Authorization for a psychiatric evaluation prior to using the spinal cord stimulator. There was no Request for Authorization for the radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Aciphex 20mg #30 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Aciphex, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Aciphex is used in the treatment of daytime and nighttime heartburn and other symptoms associated with acid reflux disease. It is also used for short term (4 to 8 weeks) treatment in the healing and symptom relief of damaging (erosive) acid reflux disease and to maintain healing of damage and relief of heartburn symptoms that happen with acid reflux disease. This injured worker did not have any of the above diagnoses, nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Aciphex 20mg #30 is not medically necessary.

Dilaudid 2mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Dilaudid 2mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDs, aspirin or anticonvulsants or quantified efficacy. Additionally, there was no frequency specified in the request. Since this injured worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for Dilaudid 2mg #90 is not medically necessary.

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 107. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), and Psychological evaluations, IDDS & SCS (intrathecal drug deliv.

Decision rationale: The request for spinal cord stimulator trial is not medically necessary. The California MTUS Guidelines recommend spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, including failed back syndrome defined as persistent pain in patients who have undergone at least 1 previous back operation, more helpful for lower extremity than low back pain, although both stand to benefit. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedures should be employed with more caution in the cervical region than in the thoracic or lumbar. Other indications include CRPS, post amputation phantom limb pain, postherpetic neuralgia and pain associated with multiple sclerosis. Psychological evaluations are recommended pre spinal cord stimulator trial. The submitted documentation did include a Request for Authorization for a psychological evaluation prior to spinal cord stimulator trial, but the results of that evaluation were not included for review. The clinical information submitted failed to meet the evidence based guidelines for a spinal cord stimulator trial. Therefore, this request for spinal cord stimulator trial is not medically necessary.

Left Radiofrequency Ablation (RFA) at C2,3,4,5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint radiofrequency neurotomy

Decision rationale: The request for left radiofrequency ablation (RFA) at C2,3,4,5 is not medically necessary. The California ACOEM Guidelines note that there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who have had a positive response to facet injections. Lasting relief of 8 to 9 months from chronic neck pain has been achieved in about 60% of cases across 2 studies. The Official Disability Guidelines note that radiofrequency neurotomies are under study. There was conflicting evidence, which is primarily observational as to the efficacy of this procedure. The criteria for the use of cervical facet radiofrequency neurotomy includes treatment require a diagnosis of facet joint pain. Approval depends on variables, such as evidence of adequate diagnostic blocks, documented improvement on VAS and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. This request includes 4 levels to be treated simultaneously, which exceeds the recommendations in the guidelines. The guideline criteria have not been met. Therefore, this request for left radiofrequency ablation (RFA) at C2, 3, 4, 5 is not medically necessary.