

Case Number:	CM14-0097899		
Date Assigned:	07/30/2014	Date of Injury:	09/30/1999
Decision Date:	10/02/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 46 year old female injured on 09/30/99 due to undisclosed mechanism of injury. Surgical history included Intradiscal electrothermal coagulation (IDET) in 2000, two level fusion L5 to S1 2008, and spinal cord stimulator implantation 2010 with revision in 2011 and 2012. Diagnoses included postlaminectomy syndrome and lumbosacral spine neuritis. Clinical note dated 06/05/14 indicated the injured worker presented complaining of increased pain in the right lower extremity and unchanged pain in the lumbar spine, left buttock, leg, and foot. The injured worker reported itching and soreness at spinal cord stimulator revision site. The injured worker requested refill for Percocet and Actiq. Prior treatments included acupuncture, epidural steroid injection, ice treatment, massage therapy, physical therapy, and transcutaneous electrical nerve stimulation (TENS) unit use. The injured worker rated pain 7 to 10 dependent on location. Medications included Diflucan, Actiq, duragesic 50 micrograms/ hour every 48 hours, Cymbalta, Vistaril, Protonix, Baclofen, Amitiza, Lyrica, Ibuprofen, Kariba, and Lipitor. Physical examination revealed tenderness to palpation over bilateral paravertebral thoracic spine, bilateral lumbar paravertebral spine, bilateral sacroiliac joints, positive straight leg raise on the left, compensated gait, muscle tone without atrophy, and no abnormal movements. The injured worker also reported increased pain radiating into calves bilaterally. Review of MRI of lumbar spine on 08/09/10 revealed possible encroachment of screw on L5 nerve; however, official report not provided for review. The initial request was non certified on 06/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actiq 600mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq (fentanyl lollipop).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq (fentanyl lollipop), Page(s): 12.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Actiq is not recommended for musculoskeletal pain. Actiq (oral transmucosal fentanyl citrate), a fast acting highly potent lollipop painkiller produced by Cephalon, is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Actiq is not for use in chronic pain; and it has a Black Box warning for abuse potential. There is no indication the injured worker has been diagnosed with or is being treated for cancer. As such, the request for Actiq 600 microgram quantity four cannot be recommended as medically necessary.

Cymbalta 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Page(s): 44.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has Food and Drug Administration (FDA) approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week one. The clinical documentation does not establish diagnoses related to anxiety or depression requiring medication treatment. Additionally, it was noted the injured worker currently utilizing Lyrica for neuropathic pain. As such, the request for Cymbalta 30 milligrams quantity ninety cannot be recommended as medically necessary.

Duragesic 50mcg/hr #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain

relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Further, current guidelines indicate opioid dosing should not exceed 100 milligrams Morphine equivalent dosage/day. As such, Duragesic 50 micrograms/hour quantity fifteen cannot be recommended as medically necessary at this time.

Vistaril 50mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Anxiety medications in chronic pain

Decision rationale: As noted in Official Disability Guidelines, Hydroxyzine is often utilized in the treatment of anxiety in chronic pain. There is no indication in the documentation of significant anxiety or agitation requiring medication management. If utilized for itching at the site of spinal cord stimulator implant, there is no indication topical treatments have been attempted. As such, the request for Vistaril 50 milligrams quantity thirty cannot be recommended as medically necessary.

One (1) trigger point injection of the lumbar spine with ultrasound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, nonsteroidal antiinflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro testing); not more than three to four injections per session; no repeat injections unless a greater than fifty percent pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. The objective finding fail to establish the presence of trigger points in addition to functional improvement following previous trigger point injections. As such, the request for one trigger point injection of the lumbar spine with ultrasound cannot be recommended as medically necessary at this time.

One (1) Computed tomography (CT) scan of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg59

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Computerized Tomography (CT).

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS), CT Scans are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. There is no indication in the documentation that the injured worker meets these criteria. As such, the request for one computed tomography (CT) scan of the lumbar spine without contrast cannot be recommended as medically necessary.