

Case Number:	CM14-0196411		
Date Assigned:	12/03/2014	Date of Injury:	07/11/2011
Decision Date:	01/22/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 63-year-old male with a date of injury of 07/11/2011. According to progress report dated 09/24/2014, the patient presents with increased headaches, neck and low back pain. The patient reports major sleeping issues. Average pain is rates as 7-8/10 and functional level since last visit was rated 7/10. The patient is currently on disability. Current medications include baclofen, Celebrex, Cymbalta, fentanyl patches, Flector patches, Lunesta, Neurontin, Nucynta, Prevacid, Sumavel, and Zofran. The patient is status post cervical discectomy at C3-4, C4-5 and C5-6, anterior spinal fusion at C3-6, anterior spinal instrumentation at C3-6 with structural allograft at each level on 4/1/14. Physical examination revealed "ongoing residual pain but he still notes cervicogenic headaches from occiput." His neuropathic pain is improved overall following surgery and has decreased arm pain and numbness and tingling. He still has keloid formation of the front surgical site. Patient also continues to complain of left shoulder pain. The listed diagnoses are: 1. Chronic neck pain. 2. Myofascial pain/spasm. 3. Hypertension. 4. GERD. 5. Mild symptoms of TBI. 6. Poor sleep hygiene. 7. Thoracic pain. 8. Left shoulder pain. 9. History of low back pain. Recommendation was for patient to continue with medication management. The treating physician notes that "the 4A's are discussed and documented." The treating physician states that a urine drug screen was done on 09/12/2012, and "initial screening result was inconsistent." This is a request for refill of medications and a bilateral medial branch block at C2, C3, and C4. The utilization review denied the request on 11/04/2014. Treatment reports from 03/20/2014 through 09/24/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 75mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

Decision rationale: This patient is status post cervical discectomy and fusion at C3-4, C4-5 and C5-6 on 4/1/14. The current request is for NUCYNTA IR 75 MG #90. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been utilizing Nucynta since at least 3/20/14. The treating physician states that the 4A's are addressed, but there is no documentation of specific functional improvement or changes in ADL's as required by MTUS for opiate management. The last Urine drug screen is from 9/12/12 with no further updated screening to monitor for adherence. Average and current pain levels are provided but there is no before and after pain scale to denote a decrease in pain with taking medications and there are no discussions of possible aberrant behaviors. The treating physician has failed to provide the minimum requirements of documentation that are outlined by MTUS for continued opiate use. The requested Nucynta is not medically necessary and recommendation is for slow weaning per the MTUS Guidelines.

Flector patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 111.

Decision rationale: This patient is status post cervical discectomy and fusion at C3-4, C4-5 and C5-6 on 4/1/14. The current request is for FLECTOR PATCH #30. The MTUS Guideline has the following regarding topical creams page 111 under to topical pain section, "for nonsteroidal antiinflammatory agents, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are short and small of duration. Topical NSAIDS have been shown at Meta Analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical cream." In this case, the patient does not have peripheral joint arthritic and tendinitis pain. This patient presents with neck, low back and shoulder pain for which topical NSAID is not indicated for. This request IS NOT medically necessary.

Zofran ODT 8mg #15: Upheld

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

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) chapter, Antiemetics (for opioid nausea)

Decision rationale: This patient is status post cervical discectomy and fusion at C3-4, C4-5 and C5-6 on 4/1/14. The current request is for Zofran ODT 8mg #15. The MTUS and ACOEM Guidelines do not discuss Ondansetron; however, ODG Guidelines has the following regarding antiemetic ""Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The patient has been prescribed Zofran since 4/13/14. The treating physician is requesting this medication for patient's nausea associated with medication intake. The ODG Guidelines do not support the use of Ondansetron other than nausea following chemotherapy, acute gastroenteritis or for post-operative use. The patient does not meet the indication for this medication. The requested Ondansetron IS NOT medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: This patient is status post cervical discectomy and fusion at C3-4, C4-5 and C5-6 on 4/1/14. The current request is for ZANAFLEX 4MG #60. The MTUS page 66 supports the use of Zanaflex for low back pain, myofascial pain, and for fibromyalgia. Review of the medical file indicates the patient has been utilizing this medication since 3/20/14. The progress reports provide a pain scale to indicate current pain, but there is not before and after pain scale to denote a decrease in pain with current medications. There are no discussions of functional improvement or changes in ADL have to indicate that the medication is providing some analgesia. MTUS page 60 requires recording of pain assessment and functional improvement when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested Zanaflex IS NOT medically necessary.

Baclofen 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: This patient is status post cervical discectomy and fusion at C3-4, C4-5 and C5-6 on 4/1/14. The current request is for BACLOFEN 10MG #120. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "recommended non-sedating muscle relaxants with caution as second line option for short term treatment of acute exasperations of patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAID and pain and overall improvement." In this case, a short course of muscle relaxant for patient's reduction of pain and muscle spasm may be indicated; however, the treater has prescribed this medication since at least 3/20/14 and MTUS does not recommend Baclofen for long term use. The requested Baclofen 10 mg IS NOT medically necessary.

Unilateral medial branch blocks at C2, 3, 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Facet joint Diagnostic blocks

Decision rationale: This patient is status post cervical discectomy and fusion at C3-4, C4-5 and C5-6 on 4/1/14. The current request is for unilateral medial branch blocks at C2, 3, 4. For facet blocks, ACOEM Guidelines does not support facet joint injections for treatments, but does discuss dorsal medial branch blocks and RF ablations following that on page 300 and 301. For more thorough discussion, ODG Guidelines is consulted. ODG Guidelines regarding Facet joint Diagnostic blocks, under the low back chapter, does not support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. ODG further states that, "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." In this case, facet blocks are not recommended where fusion has taken place as they are immobile segments. The requested diagnostic block IS NOT medically necessary.