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| Case Number: | CM14-0211828 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 04/29/1996 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 11/22/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 an injured worker with a history of cervical spine and lumbar spine conditions. The date of injury was 04/29/1996. Cervical fusion surgeries were performed 1996 and 2000. Cervical MRI magnetic resonance imaging dated 2/22/11 demonstrated C5-6 postsurgical changes with ACDF anterior cervical discectomy and fusion and laminectomy with local fair magnetic artifact associated with surgical hardware partially obscuring adjacent bone and soft tissue detail. Obliterated visualized intervening disk space was noted. No substantial endplate or uncovertebral joint spondylosis or facet arthrosis was noted. Normal central canal and visualized bilateral neural foramina, without demonstrated morphologic neural impingement. Minor noncompressive annular bulging as C4-5 and C6-7 was noted. Lumbar MRI magnetic resonance imaging dated documented L5-S1 minor noncompressive degenerative changes. The 10/27/14 progress report documented that the patient reported that medications help with pain and function. She is tolerating medications well without side effects. With the use of medications, she is able to continue her home exercise program. She is able to work further with less pain and is able to stand for longer with less pain. The progress report November 12, 2014 documented that the patient had cervical neck pain and pain radiating into her parascapular and arms with numbness and tingling and she has clicking in her neck she states which is seemingly getting worse she has undergone two cervical fusions. In regards to her low back she does continue to have persistent severe back pain. She denies smoking cigarettes or cigars. She denies alcohol use. The patient denies taking any street drugs. MRI magnetic resonance imaging of cervical spine dated 09-20-13 demonstrated postsurgical changes with anterior fusion of C5 and C6 with

plate and screws. There are also postsurgical changes noted posteriorly at this level. Objective findings were documented. The patient continues to have tenderness over the cervical paraspinal. She has increased pain with extension and rotation of the cervical spine. She has severe pain with flexion. She has decreased cervical flexion by about 30%-40% of normal. She has undergone cervical fusion. She has decreased extension which causes severe pain. Motor strength of the upper extremities was 5/5 bilaterally. She has severe pain with axial loading of the facet joints of the cervical spine. Deep tendon reflexes are 2+ bilaterally for biceps, triceps, brachioradialis, Achilles and patella bilaterally. There is significant pain with extension and rotation of the lumbar spine bilaterally especially over the L4-L5 and L5-S1 bilaterally. Treatment plan was documented. Urine drug screen dated 11/12/14 was consistent. The patient has a new MRI magnetic resonance imaging of the lumbar spine which shows a central disc protrusion 3-4 mm broad-based with mild facet arthrosis and mild bilateral foraminal encroachment. She has severe back pain. A facet diagnostic injection was requested. Her medications do work well for her. The patient will continue with Kadian and Norco as well as Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet joint 1st level under fluroscopic guidance with IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web), 2014, Low back, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks), Facet joint medial branch blocks (therapeutic injections); ACOEM 3rd Edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American Co

Decision rationale: Medical Treatment Utilization Schedule (MTUS) facet-joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections are not recommended. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. Medical records document lumbar spine disorders. ACOEM 2nd Edition (2004) indicates that facet-joint injections are not recommended. Official Disability Guidelines

(ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. ACOEM 3rd Edition (2011) states that that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The request for lumbar facet joint injection is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for bilateral lumbar facet joint 1st level under fluroscopic guidance with IV sedation is not medically necessary.

Bilateral lumbar facet joint injection 2nd level under fluroscopic guidance with IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web), 2014, Low back, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint intra-articular injections (therapeutic blocks) Facet joint medial branch blocks (therapeutic injections); ACOEM 3rd Edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American Coll

Decision rationale: Medical Treatment Utilization Schedule (MTUS) facet-joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections are not recommended. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. Medical records document lumbar spine disorders. ACOEM 2nd Edition (2004) indicates that facet-joint injections are not recommended. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. ACOEM 3rd Edition (2011) states that that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The request for lumbar facet joint injection is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for bilateral lumbar facet joint injection 2nd level under fluroscopic guidance with IV sedation is not medically necessary.

Bilateral lumbar facet joint injection level under fluroscopic guidance with IV sedation (times three, each additional level): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web), 2014, Low back, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint intra-articular injections (therapeutic blocks) Facet joint medial branch blocks (therapeutic injections); ACOEM 3rd Edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American Coll

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Cyclobenzaprine- Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine, <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating

patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Flexeril (Cyclobenzaprine) for chronic conditions. Medical records indicate the long-term use of muscle relaxant, which is not supported by MTUS and FDA guidelines. The use of Flexeril is not supported by MTUS and ACOEM guidelines. Therefore, the request for Cyclobenzaprine - Flexeril 7.5mg #90 is not medically necessary.

Kadian 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Imaging studies document evidence of pathology. No adverse side effects were reported. Analgesia was documented. Evaluation for aberrant behavior was documented. Activities of daily living were addressed. No adverse side effects were reported. The 10/27/14 progress report documented that the patient reported that medications help with pain and function. She is tolerating medications well without side effects. With the use of medications, she is able to continue her home exercise program. She is able to work further with less pain and is able to stand for longer with less pain. Medical records document regular physician clinical evaluations and monitoring. The request for Kadian is supported by the medical records and MTUS guidelines. Therefore, the request for Kadian 10mg #30 is medically necessary.

Hydrocodone bit/APAP 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen Page(s): 74-96, 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Imaging studies document evidence of pathology. No adverse side effects were reported. Analgesia was documented. Evaluation for aberrant behavior was documented. Activities of daily living were addressed. No adverse side effects were reported. The 10/27/14 progress report documented that the patient reported that medications help with pain and function. She is tolerating medications well without side effects. With the use of medications, she is able to continue her home exercise program. She is able to work further with less pain and is able to stand for longer with less pain. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request Hydrocodone/Acetaminophen is supported by the medical records and MTUS guidelines. Therefore, the request for Hydrocodone bit/APAP 10/325mg #90 is medically necessary.