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| Case Number: | CM14-0218379 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 10/19/2008 |
| Decision Date: | 03/09/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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: Physical Medicine & Rehabilitation

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 fifty-one year old female who sustained a work-related injury on October 19, 2008. A request for one cervical spinal injection to include cervical epidural injection, cervical facet radiofrequency ablation or medical branch block, twelve sessions of psychotherapy, one prescription of Flexeril 10 mg #60 was noncertified and one prescription of Dilaudid 4 mg #120 was modified by Utilization Review (UR) on December 3, 2014. The UR physician utilized the Official Disability Guidelines (ODG), the California Chronic Pain Medical Treatment Guidelines and the ACOEM guidelines in the determination. With regard to the request for one cervical spinal injection (to include cervical epidural injection, cervical facet radiofrequency ablation or medical branch block), the UR physician noted that the guidelines indicate that cervical injections are recommended after the patient is unresponsive to conservative treatment. The UR physician noted that the documentation does not indicate that conservative management had been sufficiently attempted. With regard to the request for twelve sessions of psychotherapy, the UR physician noted that the guidelines recommend a total of up to six to ten visits over five to six weeks if there is documented evidence of objective functional improvement and the UR physician found that injured worker continued to have psychological symptoms despite previous sessions. With regard to the request for one prescription of Flexeril 10 mg #60, the UR physician noted the guidelines recommend that the medication not be used for longer than 2-3 weeks and the injured worker appeared to be using the medication for a longer period of time. With regard to the request for one prescription of Dilaudid 4 mg #120, the UR physician modified the request to Dilaudid 4 mg #90 due to the fact that there was no

documented evidence of objective pain and functional improvement. A request for Independent Medical Review (IMR) was initiated on December 9, 2014. The documentation submitted for IMR included medical evaluations from October 14, 2010 through December 19, 2014. A physician's evaluation dated December 19, 2014 revealed the injured worker was seen for neck pain and lower backache. The injured worker rated her pain a five on a ten-point scale with medications and an eight on a ten-point scale without medications. Previous therapy included physical therapy, pain management, and TENS unit. The evaluating physician noted that the injured worker's current medication regimen did not optimize her function and activities of daily living; however there was no documentation of specific objective pain and functional improvement and the documentation supported that the injured worker had received Flexeril for longer than the recommended time. The evaluation physician noted that the injured worker had a diagnosis of depression and had previous psychotherapy sessions which she found beneficial in coping with anxiety and depression related to her chronic pain from the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spinal Injection to include Cervical Epidural Injection, Cervical Facet Radiofrequency Ablation, or Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter: Facet joint diagnostic blocks (injections), Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the 11/21/2014 report, this patient presents with neck pain and Headaches that is 10/10 with and without medications. The current request is for cervical spinal injection to include cervical epidural injection, cervical facet radiofrequency ablation, or medial branch block. Regarding cervical epidural injection, MTUS guidelines states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Review of the submitted reports does not mention prior epidural steroid injections. In this case, the treating physician has not documented any examination findings documenting radiculopathy. There is a subjective complaint of non-dermatomal neck pain and with mild central spinal stenosis at C5-6 and C6-C7. The MTUS guidelines clearly state that radiculopathy must be documented by physical examination and this was not found in the records provided. Regarding facet radiofrequency ablation and/or medial branch block, MTUS does not address it, but ODG neck chapter recommends it for cervical pain that is non-radicular and at no more than two levels bilaterally. Review of the reports does not show evidence of prior MBB being done in the past. The patient has non-radiating (non-dermatomal distribution) neck pain with paraspinal muscle tenderness upon palpation. Evaluation of the facet joints would appear to be reasonable and consistent with ODG Guidelines. However, the treating physician is requesting injections without specifying the number of levels requested. ODG does not allow for

more than 2 level injections at a time. Therefore, the request for cervical spinal injections are not medically necessary.

Psychotherapy (12-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Cognitive Behavioral Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness Chapter; Cognitive Therapy for Depression

Decision rationale: According to the 11/21/2014 report, this patient presents with neck pain and Headaches that is 10/10 with and without medications. The current request is for Psychotherapy x 12 sessions. MTUS page 101 Psychological treatment states, "Recommended for appropriately identified patients during treatment for chronic pain." Psychological treatments for depression is also recommended and ODG guidelines support up to 13-20 sessions and up to 50 sessions in case of severe depression if progress is being made. In reviewing of the provided report, the Utilization Review denial letter states the patient underwent psychological treatment, which documentation dated 10/24/2013 noted that the patient was seeing a psychologist every 2 weeks, which is well over guideline recommendations. In this case, the treating physician document that the patient finds these sessions beneficial in coping with anxiety and depression. However, the numbers of previous sessions completed and time frame are unknown. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the current request is not medically necessary.

Referral to Pain Management Psychologist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7

Decision rationale: According to the 11/21/2014 report, this patient presents with neck pain and Headaches that is 10/10 with and without medications. The current request is for Referral to Pain Management Psychologist. Regarding referral, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case the patient presents with chronic neck pain with headaches; the requested referral to Pain Management is supported and medically indicated. The request is medically necessary.

Imitrex 50mg #9: 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), Head (trauma, headaches, etc, not including stress and mental disorders)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Migraine Pharmaceutical Treatment

Decision rationale: According to the 11/21/2014 report, this patient presents with neck pain and Headaches that is 10/10 with and without medications. The current request is for Imitrex 50 mg #9 to assist with headaches pain. This medication is used to treat migraine headaches and is first documented on this report. In reviewing of the provided report, the treating physician indicates that the patient had headache. ODG guidelines pain chapter: Migraine pharmaceutical treatment recommend Triptans for migraine sufferers. At marketed doses, all oral Triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one Triptans does not predict a poor response to other agents in that class. See Triptans. Melatonin is recommended as an option given its favorable adverse effect profile. See Melatonin. See also Botulinum toxin for chronic migraine. In this case, the treating physician requested Imitrex #9 for the patient's headaches is supported by the ODG guidelines. Therefore, the request is medically necessary.

Felxeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 11/21/2014 report, this patient presents with neck pain and Headaches that is 10/10 with and without medications. The current request is for Flexeril 10mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Flexeril #60 and this medication was first noted in the 04/11/2014 report. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

Dilaudid 4mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Opioids, Long-Term Assessment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: According to the 11/21/2014 report, this patient presents with neck pain and Headaches that is 10/10 with and without medications. The current request is for Dilaudid 4mg #120 and Utilization Review modified the request to 1 prescription of Dilaudid 4mg #90. This medication was first mentioned in the 02/25/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. In reviewing the medical reports provided, the treating physician states the patient is able to perform ADLs, household chores and function with aids of pain medications. With the medication she notes that she been able to increase her activity level, do ADLs, and her mood has improved with the reduction in the severity of her pain. Patient notes that with the pain medications she has been able to go on longer walks and increases her strength and mood. Aberrant drug seeking behavior and adverse side effect were mentioned. In this case, the treating physicians report shows proper documentation of the 4A's as required by the MTUS guidelines. Therefore, the current request is medically necessary.