

Case Number:	CM15-0015986		
Date Assigned:	03/09/2015	Date of Injury:	05/13/2002
Decision Date:	04/14/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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:

This 55-year-old male sustained a work related injury on 05/13/2002. According to a progress report dated 12/17/2014, the injured worker complained of neck pain and headaches. Pain radiated bilaterally to the head and bilateral lower extremity. Pain was rated 5 on a scale of 1-10. The provider noted that the injured worker was responding well to acupuncture and had not responded to epidural injections. Maintenance medication regimen included Hydrocodone, Lyrica, Hydroxyzine, Sumatriptan and generic Zofran. The injured worker was continuing to function with his regimen. The provider requested authorization for a C4-5 and C7-T1 diagnostic/therapeutic medial branch facet injections for persistent neck pain, postlaminectomy cervical pain syndrome. Diagnoses included postlaminectomy syndrome cervical region, chronic pain due to trauma, nausea alone and other complicated headache syndrome. Prescriptions were written for Norco, Ondansetron, Sumatriptan, Hydroxyzine and Lyrica. On 12/31/2014, Utilization Review, non-certified Norco 10/325mg #100, 1 tab every 6-8 hours as needed for 30 days, Ondansetron 8mg #20, disintegrating tablet, 1 tab once daily as needed for 20 days, Sumatriptan 100mg #30, 1 tab once daily as needed for 30 days, Hydroxyzine HCL 25mg #30, 1 tab every night as needed for 30 days, Retrospective review of Ondansetron ODT (Zofran ODT) 4mg #10, Retrospective review of Sumatriptan (Imitrex) 100mg #10 half a tab every day as needed, Retrospective review of Ondansetron ODT (Zofran ODT) 8mg #10 and bilateral cervical facet joint medial branch nerve block at C4-5, C7-T1 under fluoroscopic guidance. In regard to Norco 10/325mg #100, 1 tab every 6-8 hours as needed for 30 days, the Utilization Review physician noted that there must be medical documentation provided regarding the injured

worker's visual analog scale without taking the medication and when taking the medication. There also must be functionality provided of the improvement while taking the medication. Consultation with a psychiatrist or psychologist is expected to be provided. There also must be a plan of how long this pain regimen is to be provided. A urine toxicology report is recommended to be given. CA MTUS Chronic Pain Medical Treatment Guidelines, pages 78-80, 91 and 124 was referenced. In regard to Ondansetron 8mg #20, disintegrating tablet, 1 tab once daily as needed for 20 days; the indications for use of this medication were not presented in this case to provide justification for medical necessity. Official Disability Guidelines were referenced. In regard to Sumatriptan 100mg #30, 1 tab once daily as needed for 30 days, there was no mention of whether the use of this medication had been helping or improving function. Official Disability Guidelines, Head was referenced. In regard to Hydroxyzine HCL 25mg #30, 1 tab every night as needed for 30 days; the indications for use of this medication had not been presented to provide justification for medical necessity. Official Disability Guidelines, Pain was referenced. In regard to Retrospective review of Ondansetron ODT (Zofran ODT) 4mg #10, the injured worker did not present with the indications for medical necessity for providing this medication. Official Disability Guidelines, Pain, Anti-emetics was referenced. In regard to Retrospective review of Sumatriptan (Imitrex) 100mg #10 half a tab every day as needed, there was no mention of whether the use of this medication had been helping or improving function. Official Disability Guidelines, Head was referenced. In regard to Retrospective review of Ondansetron ODT (Zofran ODT) 8mg #10, the injured worker did not present with the indications for medical necessity for providing this medication. Official Disability Guidelines, Pain, Anti-emetics was referenced. In regard to bilateral cervical facet joint medial branch nerve block at C4-5, C7-T1 under fluoroscopic guidance, the request was not considered medically necessary due to lack of information. A diagnostic facet injection was already done, but there was no mention of when this was done, what level and for how long. In addition, it is questioned as to why the request was for levels at C4-5 and C7-T1. CA MTUS ACOEM Practice Guidelines Neck and Upper Back Complaints were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100, 1 tab every 6-8 hrs PRN for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 47-48, 181-183, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-

related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. No physical examination of the cervical spine was documented in the 12/17/14 progress report. No imaging studies were documented in the 12/17/14 progress report. The request for Norco 10/325 mg is not supported by MTUS / ACOEM guidelines. Therefore, the request for Norco 10/325 mg is not medically necessary.

Ondansetron 8mg #20, disintegrating tablet, 1 tab OD PRN for 20 days: 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), Pain Chapter, Anti-emetics.

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) Ondansetron (Zofran). FDA Prescribing Information Zofran (Ondansetron) <http://www.drugs.com/pro/zofran.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) indicates that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. Medical records do not document symptoms of nausea or vomiting associated with chemotherapy or radiation treatment or postoperative use. No cancer chemotherapy or radiotherapy was documented. Zofran was not being prescribed for postoperative use. The request for Ondansetron (Zofran) is not supported by ODG or FDA guidelines. Therefore, the request for Ondansetron is not medically necessary.

Sumatriptan 100mg #30, 1 tab OD PRN for 30 days: 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), Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer 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 & mental disorders) Triptans, Migraine pharmaceutical treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Imitrex (Sumatriptan). Official Disability Guidelines (ODG) indicates that Triptans are recommended

for migraine sufferers. The progress report dated 12/17/15 does not document a diagnosis of migraine. Official Disability Guidelines (ODG) indicates that Triptans are recommended for migraine sufferers. Because the medical records do not document a diagnosis of migraine headache, the request for Imitrex (Sumatriptan) is not supported by ODG guidelines. Therefore, the request for Sumatriptan (Imitrex) is not medically necessary.

Hydroxyzine HCl 25mg #30, 1 tab every night PRN for 30 days: 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), Pain Chapter, Anxiety medications for chronic pain.

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) Insomnia treatment. ODG Mental Illness & Stress - Diphenhydramine (Benadryl). FDA Prescribing Information Hydroxyzine <http://www.drugs.com/pro/hydroxyzine.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Hydroxyzine. Official Disability Guidelines (ODG) indicates that sedating antihistamines have been suggested for sleep aids. Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Diphenhydramine has been shown to build tolerance against its sedation effectiveness very quickly, with placebo-like results after a third day of use. Due to adverse effects, the U.S. National Committee for Quality Assurance (NCQA) has included diphenhydramine in the HEDIS (Healthcare Effectiveness Data and Information) recommended list of high-risk medications to avoid in the elderly. Diphenhydramine is not recommended. Sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. Anticholinergic drugs, including diphenhydramine, may increase the risk for dementia by 50% in older adults. There is an obvious dose-response relationship between anticholinergic drug use and risk of developing dementia, but chronic use, even at low doses, would be in the highest risk category. While there is awareness that these drugs may cause short-term drowsiness or confusion, which is included in the prescribing information, there is no mention of long-term effects on cognition, generally awareness of this issue is very low, and both the public and doctors need to be encouraged to use alternative treatments where possible. FDA Prescribing Information indicates that Hydroxyzine is an antihistamine with anticholinergic and sedative properties. Medical records document the long-term use of Hydroxyzine. Hydroxyzine 25 mg every night as needed was requested. Hydroxyzine is a sedating antihistamine. Per ODG, sedating antihistamines are not recommended for long-term insomnia treatment. The use of Hydroxyzine is not supported by ODG guidelines. Therefore, the request for Hydroxyzine is not medically necessary.

Retrospective review of Ondasetron ODT (Zofran ODT) 4mg #10: 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), Pain Chapter, Anti-emetics.

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) Ondansetron (Zofran). FDA Prescribing Information Zofran (Ondansetron) <http://www.drugs.com/pro/zofran.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) indicates that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. Medical records do not document symptoms of nausea or vomiting associated with chemotherapy or radiation treatment or postoperative use. No cancer chemotherapy or radiotherapy was documented. Zofran was not being prescribed for postoperative use. The request for Ondansetron (Zofran) is not supported by ODG or FDA guidelines. Therefore, the request for Ondansetron is not medically necessary.

Retrospective review of Sumatriptan (Imitrex) 100mg #10, half a tab QD PRN: 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), Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer 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 & mental disorders) Triptans, Migraine pharmaceutical treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Imitrex (Sumatriptan). Official Disability Guidelines (ODG) indicates that Triptans are recommended for migraine sufferers. The progress report dated 12/17/15 does not document a diagnosis of migraine. Official Disability Guidelines (ODG) indicates that Triptans are recommended for migraine sufferers. Because the medical records do not document a diagnosis of migraine headache, the request for Imitrex (Sumatriptan) is not supported by ODG guidelines. Therefore, the request for Sumatriptan (Imitrex) is not medically necessary.

Retrospective review of Ondansetron ODT (Zofran ODT) 8mg #10: 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), Pain Chapter, Anti-emetics.

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) Ondansetron (Zofran). FDA Prescribing Information Zofran (Ondansetron) <http://www.drugs.com/pro/zofran.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) indicates that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. Medical records do not document symptoms of nausea or vomiting associated with chemotherapy or radiation treatment or postoperative use. No cancer chemotherapy or radiotherapy was documented. Zofran was not being prescribed for postoperative use. The request for Ondansetron (Zofran) is not supported by ODG or FDA guidelines. Therefore, the request for Ondansetron is not medically necessary.

Bilateral cervical facet joint medical branch never block at C4-5, C7-T1 under Fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181-183. Decision based on Non-MTUS Citation Work Loss Data Institute - Neck and upper back (acute & chronic) <http://www.guideline.gov/content.aspx?id=47589> Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) - Facet joint diagnostic blocks, Facet joint therapeutic steroid injections.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical facet injection. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that invasive techniques, such as injection of facet joints, have no proven benefit in treating acute neck and upper back symptoms. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints states that facet injection of corticosteroids and diagnostic blocks are not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that facet joint therapeutic steroid injections are not recommended. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Official Disability Guidelines (ODG) state that therapeutic intra-articular and medial branch blocks are not recommended. ODG guidelines state that that therapeutic intra-articular and medial branch blocks are not recommended in patients with previous fusion. Medial branch blocks procedure is generally considered a diagnostic block. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Facet joint diagnostic block is limited to patients with cervical pain that is non-radicular. The progress report dated 12/17/14 documented cervical pain that is radicular. Per ODG, facet joint diagnostic block is limited to patients with cervical pain that is non-radicular. The progress report dated 12/17/14 documented cervical spine surgeries in 2002 and 2004. Work Loss Data Institute guidelines indicate that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Per ODG, diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. No imaging studies were documented. No physical examination of the cervical spine was documented in the

12/17/14 progress report. The request for medial branch blocks are not supported by MTUS, ACOEM, ODG, or Work Loss Data Institute guidelines. Therefore, the request for cervical facet joint medial branch nerve block is not medically necessary.