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| Case Number: | CM15-0060158 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 01/28/2002 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 03/14/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old male who sustained an industrial fall injury to his head with loss of consciousness, cervical and low back injury on January 28, 2002. The injured worker was diagnosed with degeneration of the lumbar, lumbosacral and cervical intervertebral discs, unspecified neuralgia, neuritis and radiculitis and chronic pain syndrome. The injured worker is status post L5-S1 disc replacement (no date documented). Treatment to date has included diagnostic testing, multiple radiofrequency ablations, and bilateral medial branch block radiofrequency neurotomies at L3, L4 and L5-S1 (November 2014), cervical epidural steroid injection (ESI) and chronic opioid therapy. According to the primary treating physician's progress report on March 3, 2015, the injured worker continues to experience right neck occipital area pain, right arm pain and bilateral low back pain associated with numbness, tingling and paresthesias of the right arm, hand and legs. Examination of the spine demonstrated absent suboccipital and occipital tenderness, no spasm, positive trigger points, and straight leg raise negative, bilateral facet non-tenderness with facet test positive bilaterally and decreased range of motion. Medications, ice and heat provide partial relief but he continues to have difficulty sleeping, has not worked in over 10 years and pain interferes with driving and family life. Current medications are listed as Tizanidine, MsContin ER 15mg, MsContin ER 60mg and Norco 10/325mg. Treatment plan consists of improving quality of life, reduce opioid medications, stress reduction and improve sleep. The current request is for a right occipital nerve block, Tizanidine and MsContin refills and a urine drug screening. A Request for Authorization Form was submitted on 03/03/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin 15 mg, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, it is noted that the injured worker has continuously utilized morphine sulfate since at least 11/2014. There is no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. In addition, there is no frequency listed in the request. Given the above, the request is not medically necessary.

Tizanidine 4 mg, Qty 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker does have evidence of palpable trigger points upon examination. However, guidelines do not support long-term use of muscle relaxants. The request for tizanidine 4 mg, quantity 90 with 1 refill would not be supported. There was also no frequency listed in the request. Given the above, the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

Right Occipital Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head (trauma); Neck & Upper Back chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Greater occipital nerve block (GONB).

Decision rationale: The Official Disability Guidelines state greater occipital nerve blocks are currently under study for the use and treatment of primary headaches. Within the documentation provided, there were no specific findings of occipital neuralgia, nor evidence of sustained improvement with the use of prior occipital nerve blocks. Additionally, the use of occipital blocks for the treatment of headaches is currently under study. As such, the request is not medically appropriate at this time.