

Case Number:	CM15-0067170		
Date Assigned:	04/22/2015	Date of Injury:	12/18/1997
Decision Date:	06/15/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/08/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 was a 57-year-old female, who sustained an industrial injury, December 18, 1997. The injured worker previously received the following treatments heat packs, Home exercise program, Nucynta, Fentanyl Patches, Ambien, Amrix, Vicodin, Lyrica, Celebrex, Baclofen, TNI cream, Cymbalta, aqua therapy, cervical epidural injection, cervical spine MRI and lumbar spine MRI. The injured worker was diagnosed with chronic low back pain, lumbar radiculopathy on the right, lumbar disc pain and facet disease, right S1 joint pain, myofascial pain syndrome, cervicgia with cervical spondylosis, cervical radiculopathy on the right, right troch bursitis, right ulnar nerve impingement, opioid dependency with efficacy, depression and anxiety. According to progress note of March 31, 2015, the injured workers chief complaint was increased back pain. The pain was described as sharp radiating down both legs right greater than the left. The injured worker was walking on the treadmill, however had to decrease time due to pain. The pain was aggravated by prolonged standing. The injured worker applies heat and takes Vicodin to help relieve the pain. The injured worker was having sleep problems due to the increased pain. The injured worker rated the pain at 8 out of 10 average; 0 being no pain and 10 being the worse pain. The injured worker rated the functional level at 8-9 out of 10. The physical exam noted paraspinal tenderness in the cervical and lumbar regions. The treatment plan included prescriptions for Fentanyl Patches, Ambien, Amrix, Vicodin, Lyrica, Celebrex, Baclofen and TNI cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right RFA at C3, 4, 5, 6: 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), Neck and Upper Back Chapter, Facet joint radio-frequency neurotomy and Low Back Chapter, Facet joint radio-frequency.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint therapeutic steroid injections.

Decision rationale: Medial branch blocks (MBBs) and radiofrequency ablations (RFA) are accepted pain management interventional techniques. According to the ODG, medial branch blocks (MBBs) are generally considered diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: 1) no more than one therapeutic intra-articular block is recommended. 2) There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3) If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the MBB is positive). 4. No more than 2 joint levels may be blocked at any one time. In this case, the patient has cervical radiculopathy, which does not meet ODG recommendations for facet joint blocks or to be followed by subsequent RFA. The guideline criteria were not met. Medical necessity for the right RFA at C3, C4, C5, and C6 has not been established. The requested procedures are not medically necessary.

Fentanyl patch 25ugm for baseline pain, q 2 day, to be filled on 3/31/15 and 4/29/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. In this case, the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, there is no documentation risk assessment profile or an updated and signed pain contract between the provider and the patient. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Ambien 5mg #30, one po, to be filled on 3/31/15 and 4/29/15: 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), Stress & Mental Illness Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory more than opioid analgesics, and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation of duration of prior Ambien use. There is no documentation provided indicating medical necessity for Ambien to be filled on either of the dates above. The requested medication is not medically necessary.

Vicodin 5/325mg #60, one po bid b/t prn, to be filled on 3/31/15 and 4/29/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to MTUS and ODG, Vicodin 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Lyrica 75mg #60, one po bid, to be filled on 3/31/15 and 4/29/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 58.

Decision rationale: According to California MTUS Guidelines, anti-epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica would be a 30-50% reduction in pain. In this case, the patient has diagnoses of cervical and lumbar radiculopathy but no documentation of neuropathic pain. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Amrix 30mg #30, one po qday, to be filled on 3/31/15 and 4/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to the reviewed literature, Amrix (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Celebrex 200mg #60, one po bid, to be filled on 3/31/15 and 4/29/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-inflammatory medications.

Decision rationale: Celebrex (Celecoxib) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. (Rate of overall GI bleeding is 3% with COX-2 versus 4.5% with ibuprofen). In this case, the patient has been on previous long-term COX-2 therapy without any documentation of significant improvement. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Baclofen 10mg #60, one po bid prn, to be filled on 3/31/15 and 4/29/15: Upheld

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

Muscle relaxants (for pain).

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

Decision rationale: The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain(LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there was no documentation that the patient had muscle spasms. In addition, it is unclear why two (2) muscle relaxants are necessary for treatment. Medical necessity for the requested muscle relaxant has not been established. The requested medication is not medically necessary.

TN1 cream for the elbow, to be filled on 3/31/15 and 4/29/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested topical analgesic cream does not have a list of ingredients. There is no evidence that this patient has not responded to, or is intolerant to other treatments. Medical necessity for the requested topical analgesic compound has not been established. The requested topical compound is not medically necessary.