MAXIMUS Federal Services

Case Number:	CM15-0070411		
Date Assigned:	04/17/2015	Date of Injury:	01/28/2002
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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:

This 38-year-old male sustained an industrial injury on 1/28/02. He subsequently reported neck, shoulder and low back pain. Diagnoses include lumbar facet syndrome, cervicalgia, cervical facet syndrome and cervical degenerative disc disease. Treatments to date have included x-rays, MRIs, physical therapy, injections, and surgery and prescription pain medications. The injured worker continues to experience neck, arm, back and leg pain as well as headaches. The treating physician made a request for one medial branch block, Morphine sulfate ER 60 mg and 30 mg tablets, Norco and Tizanidine medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MEDIAL BRANCH BLOCK C3-4, C4-5 AND C5-6 FACET JOINTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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

Decision rationale: According to the ODG, medial branch blocks (MBBs) are generally considered a diagnostic tool. While not recommended for treatment of neck pain, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; no more than 2 joint levels bilaterally may be blocked at any one time; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the patient has cervical facet syndrome. No more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation, in addition to facet joint injection therapy. The documentation indicated that the patient underwent facet joint blocks of C4-5, C5-6, and C6-7 in 2009. Additional MBBs (C2, C3, C4 bilaterally) done in 2010 had 90% improvement. Subsequent bilateral cervical neurotomies (C4, C5, C6 and C7) were performed in 2011, with 90% in pain relief. Additional diagnostic MBBs are not warranted at this time, and the requests for MBBs are at >2 joint levels, which do not meet guideline criteria. Medical necessity for the requested services has not been established. Therefore, the requested services are not medically necessary.

MORPHINE SULFATE ER 60MG #90: 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 ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to the ODG and MTUS, Morphine ER is an opioid analgesic that should be reserved for patients with chronic pain, who are in need of continuous treatment. 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, the patient was prescribed multiple opioid medications over a 2-3 month period. Another prescription for this opioid medication is not warranted at this time. Medical necessity of the requested medication has not been established. Of note, discontinuation of Morphine sulfate ER should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

MORPHINE SULFATE ER 30MG #90: 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 ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to the ODG and MTUS, Morphine ER is an opioid analgesic that should be reserved for patients with chronic pain, who are in need of continuous treatment. 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, the patient was prescribed multiple opioid medications over a 2-3 month period. Another prescription for this opioid medication is not warranted at this time. Medical necessity of the requested medication has not been established. Of note, discontinuation of Morphine sulfate ER should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

NORCO 10/325MG #120: 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 ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, Norco 10/325 (Hydrocodone/Tylenol), is a short-acting opioid analgesic. 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 indication for treatment with 2 additional opioid analgesics (additional Morphine sulfate ER and Norco). Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

TIZANIDINE 6MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient reports continued pain at follow-up visits and there is no documentation of functional improvement with the use of this medication. In addition, the guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. Medical necessity for the requested medication has not been established. The requested medication, Tizanidine, is not medically necessary.