

Case Number:	CM15-0078043		
Date Assigned:	04/27/2015	Date of Injury:	05/16/1997
Decision Date:	07/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 59-year-old female who sustained an industrial injury on 5/16/1997. Her diagnoses have included: incomplete fusion with loosened hardware and previously implanted cage; cervical spondylosis and stenosis at level of prior fusion; cervical disc bulge (cervical-4-5); dysphagia; possible of thoracic outlet syndrome; radio-frequency neurotomy - cervical (2/2008); radio-frequency neurolysis (cervical) with resolution of cervicogenic headaches and upper extremity neuropathic dysesthesias; and anterior cervical osteophyte at epiglottis with esophageal compression and dysphagia at cervical 4-5. Her treatments have included multiple neck surgeries (1999, 2001 & 2005); cervical facet fusion (cervical 5-6, 6-7 and cervical 7-thoracic 1) with hardware and cage; esophagram (5/11/12); and medication management. Progress notes of 4/9/2015 noted ongoing, moderate-severe, bilateral neck/cervical/thoracic pain, headaches and arm pain. She reported cervical pain with back stiffness, numbness/tingling and radicular pain, pain in the right arm, chest pain, and spasms. It was noted she was recommended for surgery. The physician's requests for treatments were noted to include Percocet, Kadian, Colace, Flexeril, and Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 5/16/1997. The medical records provided indicate the diagnosis of incomplete fusion with loosened hardware and previously implanted cage; cervical spondylosis and stenosis at level of prior fusion; cervical disc bulge (cervical-4-5); dysphagia; possible of thoracic outlet syndrome; radio-frequency neurotomy - cervical (2/2008); radio-frequency neurolysis (cervical) with resolution of cervicogenic headaches and upper extremity neuropathic dysesthesias; and anterior cervical osteophyte at epiglottis with esophageal compression and dysphagia at cervical 4-5. Her treatments have included multiple neck surgeries (1999, 2001 & 2005); cervical facet fusion (cervical 5-6, 6-7 and cervical 7-thoracic 1) with hardware and cage; esophagram (5/11/12); and medication management. The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 04/2014. Although the records indicate the medication provides 90% benefit, the VAS score indicate the pain was 3/10 in December 2/10 in 03/15, and 7/10 in 04/2015. Also, whereas the MTUS recommends pain be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument, and comparing with baseline levels, for individuals on opioids for 6 or more months, there is no evidence this is being done. Furthermore, there was no mention of the injured workers work status during the visit at dispute.

Kadian 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian, Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 5/16/1997. The medical records provided indicate the diagnosis of incomplete fusion with loosened hardware and previously implanted cage; cervical spondylosis and stenosis at level of prior fusion; cervical disc bulge (cervical-4-5); dysphagia; possible of thoracic outlet syndrome; radio-frequency neurotomy - cervical (2/2008); radio-frequency neurolysis (cervical) with resolution of

cervicogenic headaches and upper extremity neuropathic dysesthesias; and anterior cervical osteophyte at epiglottis with esophageal compression and dysphagia at cervical 4-5. Her treatments have included multiple neck surgeries (1999, 2001 & 2005); cervical facet fusion (cervical 5-6, 6-7 and cervical 7-thoracic 1) with hardware and cage; esophagram (5/11/12); and medication management. The medical records provided for review do not indicate a medical necessity for Kadian 20mg #90. Kadian is a medication containing morphine sulfate, an opioid. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 04/2014. Although the records indicate the medication provides 90% benefit, the VAS score indicate the pain was 3/10 in December 2/10 in 03/15, and 7/10 in 04/2015. Also, whereas the MTUS recommends pain be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument, and comparing with baseline levels, for individuals on opioids for 6 or more months, there is no evidence this is being done. Furthermore, there was no mention of the injured workers work status during the visit at dispute.

Colace 250mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice parameters for the evaluation and management of constipation, Dis Colon Rectum, Nonoperative Management of Constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The injured worker sustained a work related injury on 5/16/1997. The medical records provided indicate the diagnosis of incomplete fusion with loosened hardware and previously implanted cage; cervical spondylosis and stenosis at level of prior fusion; cervical disc bulge (cervical-4-5); dysphagia; possible of thoracic outlet syndrome; radio-frequency neurotomy - cervical (2/2008); radio-frequency neurolysis (cervical) with resolution of cervicogenic headaches and upper extremity neuropathic dysesthesias; and anterior cervical osteophyte at epiglottis with esophageal compression and dysphagia at cervical 4-5. Her treatments have included multiple neck surgeries (1999, 2001 & 2005); cervical facet fusion (cervical 5-6, 6-7 and cervical 7-thoracic 1) with hardware and cage; esophagram (5/11/12); and medication management. The medical records provided for review do not indicate a medical necessity for Colace 250mg #60 with 3 refills. Docusate is a stool softener, used to treat or prevent constipation, and to reduce pain or rectal damage caused by hard stools. The MTUS recommends the prophylactic treatment of constipation in individuals on treatment with opioids. This medication is no longer medically necessary since the opioids have been determined to be no longer necessary.

Flexeril 10mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 5/16/1997. The medical records provided indicate the diagnosis of incomplete fusion with loosened hardware and previously implanted cage; cervical spondylosis and stenosis at level of prior fusion; cervical disc bulge (cervical-4-5); dysphagia; possible of thoracic outlet syndrome; radio-frequency neurotomy - cervical (2/2008); radio-frequency neurolysis (cervical) with resolution of cervicogenic headaches and upper extremity neuropathic dysesthesias; and anterior cervical osteophyte at epiglottis with esophageal compression and dysphagia at cervical 4-5. Her treatments have included multiple neck surgeries (1999, 2001 & 2005); cervical facet fusion (cervical 5-6, 6-7 and cervical 7-thoracic 1) with hardware and cage; esophagram (5/11/12); and medication management. The medical records provided for review do not indicate a medical necessity for Flexeril 10mg #60 with 3 refills. Flexeril (Cyclobenzaprine) is a muscle relaxant with a dosing recommendation of 5 to 10 mg three times a day for no longer than 2-3 weeks. The MTUS recommends .non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records indicate the injured worker's use of the medication predates 04/2014.

Lorazepam 1mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on 5/16/1997. The medical records provided indicate the diagnosis of incomplete fusion with loosened hardware and previously implanted cage; cervical spondylosis and stenosis at level of prior fusion; cervical disc bulge (cervical-4-5); dysphagia; possible of thoracic outlet syndrome; radio-frequency neurotomy - cervical (2/2008); radio-frequency neurolysis (cervical) with resolution of cervicogenic headaches and upper extremity neuropathic dysesthesias; and anterior cervical osteophyte at epiglottis with esophageal compression and dysphagia at cervical 4-5. Her treatments have included multiple neck surgeries (1999, 2001 & 2005); cervical facet fusion (cervical 5-6, 6-7 and cervical 7-thoracic 1) with hardware and cage; esophagram (5/11/12); and medication management. The medical records provided for review do not indicate a medical necessity for Lorazepam 1mg #60 with 3 refills. Lorazepam is a benzodiazepine sedative hypnotic. The MTUS does not recommend long-term use of these medications because long-

term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks.