MAXIMUS Federal Services

Case Number:	CM15-0106482		
Date Assigned:	07/22/2015	Date of Injury:	07/30/2013
Decision Date:	10/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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, Florida
Certification(s)/Specialty: Anesthesiology, 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 52 year old female who sustained an industrial injury on 07/30/2013. Current diagnoses include bilateral occipital neuralgia, cervicogenic headache, cervical radiculopathy, cervical fusion at C5-6, and opioid induced constipation. Previous treatments included medications, psychiatric evaluation and mangement, and cervical surgery. Report dated 04/29/2015 noted that the injured worker presented with complaints that included continued neck pain and spasms with radiation down both arms, and headaches that becoming more constant. Pain level was 4-5 out of 10 on a visual analog scale (VAS). It was noted that the OxyContin provides sustained pain relief and helps to bring pain down from 8 out of 10 to 4-5 out of 10, Flector patches are for breakthrough pain, Roxicodone is only needed for severe breakthrough pain which brings her pain down to 4 out of 10. Lorzone did not provide any relief for muscle spasms and Soma manages her muscle spasms but causes sedation. Imitrex helps with headaches. It was further noted that the medications enable the injured worker to perform activities of daily living which includes cleaning countertops, storing things, and self care including showering and washing her hair. It was also noted that the medications cause gastrointestinal upset and is managed with Protonix. It was noted that the injured worker has tried and failed use with Flexeril, Baclofen, Lorzone, Zanaflex, and Valium. Current medications include Soma, Oxycontin, Roxicodone, Cymbalta, Effexor, Saphris, Adderall, Imitrex, and Ambien. Physical examination was positive for tenderness to palpation in the left cervical paraspinal muscles and left upper trapezius, cervical range of motion is mildly limited. The treatment plan included refilling Oxycontin and Roxicodone, a second prescription for

Oxycontin and Roxicodone with do not fill until 05/27/2015, patient discontinued Lorzone, discontinue Soma, trial of Skelaxin, refilled Flector patch, trial of Pennsaid, continue Imitrex, continue Protonix, consider Medrol dosepak, awaiting authorization for bilateral occipital blocks to help alleviate headaches, follow up with gastrointestinal on a non-industrial basis, request for percutaneous spinal cord stimulator to help alleviate chronic neck pain and cervical radiculopathy, follow up with psychiatrist, follow up with orthopedic surgeon as scheduled, follow up with primary treating physician as scheduled, return in 8 weeks for follow up, and obtain routine urine drug screen at next visit. The physician documented that the injured worker had a change in circumstance and is experiencing an increase in headaches and the injured worker has obtained clearance from the psychiatrist for the trial of the spinal cord stimulator. Disputed treatments include Oxycontin 20 mg #60, Roxicodone 10 mg #30, Oxycontin 20 mg #60 (not filled until 5/27/15), Roxicodone 10 mg #30 (not filled until 5/27/15), Skelaxin 800 mg #30, Flector patch 1.3% #60, Imitrex 100 mg #9, Protonix 20 mg #30, occipital nerve block - bilateral, percutaneous spinal cord stimulator trial, follow up evaluation (neck) - orthopedic surgeon, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: According to the California MTUS and the ODG guidelines, chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. The recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The CA MTUS Guidelines define functional improvement as a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. Therapies should be focused on functional restoration rather than the elimination of pain. The physician documented that the OxyContin decreases the pain from 8 out of 10 down to 4-5 out of 10, but there were no specific functional improvement specifically documented with the use of the Oxycontin. The physician stated that medications as a group allowed the injured worker to tolerate activities of daily living. The treating physician did not provide sufficient evidence of

improvement in the work status, activities of daily living, and dependency on continued medical care. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The records show that the patient is utilizing high dose opioids, psychiatric and sedative medications concurrently. The lack of significant sustained analgesia and functional restoration is indicative of opioid induced hyeralgesia. The guidelines recommend that chronic pain patients with significant psychosomatic disorder be treated with anticonvulsant and antidepressant co-analgesic patients. There is no documentation that treatment with NSAIDs and non opioid anticonvulsant and antidepressant co-analgesics have failed. It is recommended that psychiatric patients be safely weaned at Chronic Pain Program or Addiction Centers. Therefore, the request for Oxycontin 20 mg #60 is not medically necessary.

Roxicodone 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: According to the California MTUS and the ODG guidelines, chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The physician documented that the Roxicodone is used for breakthrough pain and provides immediate relief bringing her pain down to 4 out of 10, but there were no specific functional improvement specifically documented with the use of the Roxicodone. The physician stated that medications as a group allowed the injured worker to tolerate activities of daily living. The chronic use of high dose opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with psychiatric and sedative medications. There is no documentation of failure of treatment with non opioid anticonvulsant and antidepressant co-analgesics. Therefore, the request for Roxicodone 10 mg #30 is not medically necessary.

Oxycontin 20 mg #60 (not filled until 5/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: According to the California MTUS and the ODG guidelines, chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. The recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The CA MTUS Guidelines define functional improvement as a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. Therapies should be focused on functional restoration rather than the elimination of pain. The physician documented that the OxyContin decreases the pain from 8 out of 10 down to 4-5 out of 10, but there were no specific functional improvement specifically documented with the use of the Oxycontin. The physician stated that medications as a group allowed the injured worker to tolerate activities of daily living. The chronic use of high dose opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The records did not show failure of treatment with non opioid anticonvulsant and antidepressant co-analgesics. Therefore, the request for Oxycontin 20 mg #60 (not filled until 5/27/15) is not medically necessary.

Roxicodone 10 mg #30 (not filled until 5/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: According to the California MTUS and ODG guidelines, chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. The recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication

document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The CA MTUS Guidelines define functional improvement as a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. Therapies should be focused on functional restoration rather than the elimination of pain. The physician documented that the Roxicodone is used for breakthrough pain and provides immediate relief bringing her pain down to 4 out of 10, but there were no specific functional improvement specifically documented with the use of the Roxicodone. The physician stated that medications as a group allowed the injured worker to tolerate activities of daily living. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The records did not show that the patient failed treatment with non opioid anticonvulsant and antidepressant co-analgesic medications. Therefore, the request for Roxicodone 10 mg #30 (not filled until 5/27/15) is not medically necessary.

Skelaxin 800 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The California MTUS and the ODG chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. The guidelines recommended that muscle relaxants can be utilized for short course of therapy during exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. There is limited, mixed-evidence to support a recommendation for chronic use. Metaxalone (Skelaxin) is reported to be a relatively non-sedating muscle relaxant. It was noted that the injured worker has tried and failed use with Flexeril, Baclofen, Lorzone, Zanaflex, and Valium. Currently the injured worker is utilizing mutiple opioids, psychiatric medications, sedatives and Soma, a relaxant with sedative affect concurrently. The physician recommended a trial of Skelaxin due to the non-sedating properties. The physical examination performed on 04/29/2015 did not support a current finding of muscle spasms on physical examination. Therefore, the request for Skelaxin 800 mg #30 is not medically necessary.

Flector patch 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Medications for chronic pain, NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: According to the MTUS and ODG chronic pain medical treatment guidelines topical NSAID's are recommended for short-term use during exacerbation of musculoskeletal pain. Flector patches contains diclofenac which is an NSAID. The CA MTUS Guidelines define functional improvement as a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. Although the physician stated that medications as a group allowed the injured worker to tolerate activities of daily living, the current work status was not included, and no specific improvement in activities of daily living as a result of use of Flector patches. It is unknown how long the injured worker has been prescribed Flector patches. The chronic use of NSAIDs is associated with the development of cardiovascular, renal and gastrointestinal complications. The risk if significantly increased when multiple NSAIDs are utilized concurrently. The patient is noted to have a significant history of NSAIDs related complications. Therefore, the request for Flector patch 1.3% #60 was not medically necessary.

Imitrex 100 mg #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS did not address Imitrex. The Official Disability Guidelines (ODG) recommends Imitrex for for short-term treatment of exacerbation of migraine headache that did not respond to standard analgesics. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerate for short-term use. The chronic use of Triptan can be associated with the occurrence of tolerance and rebound headache. The documentation provided does support a diagnosis of chronic headaches and cervicogenic headaches. There is documentation of compliance and functional restoration. Therefore, the request for Imitrex 100 mg #9 is medically necessary.

Protonix 20 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: According to the California MTUS and the ODG chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). The PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anti-coagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. The documentation provided did indicate that the injured worker had significant gastrointestinal complaints secondary to the use of NSAID medications. Currently the injured worker is taking multiple NSAIDs medications. Therefore, the request for Protonix 20 mg #30 is medically necessary.

Occipital nerve block - bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Greater occipital nerve block, therapeutic.

Decision rationale: The California MTUS is silent regarding occipital nerve blocks. The Official Disability Guidelines noted that occipital nerve blocks are under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. The records indicate that the patient had significant cervical spine condition that is contributory to the headache. A re-evaluation with Orthopedic - Spine specialist is pending. Because there is little evidence that the blocks would provide a sustained relief of cervicogenic headaches, the request for occipital nerve block - bilateral is not medically necessary.

Percutaneous spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s):

Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back. Neurostimulator - Spinal Cord Stimulators.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Spinal Cord Stimulator (SCS) can be utilized for the treatment of severe spine pain and failed back syndrome in selected patients when conservative treatment with medications, PT , minimally invasive pain procedures and surgeries have failed. The guidelines recommend that the presence of significant psychiatric conditions, addiction, non-compliance and other etiologies be excluded. The records indicate that presence of pain located in multiple body regions that cannot be effectively treatment by a cervical spinal cord stimulator. There is significant history of psychosomatic disorders and utilization of high doses of multiple opioids, sedative and psychiatric medications. There is a pending re-evaluation to determine surgical treatment options. The criteria for Percutaneous Spinal Cord Stimulator trial was not met. Therefore, the request is not medically necessary.

Follow up evaluation (neck) - orthopedic surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back and Other Medical Treatment Guidelines ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS recommend that patients can be referred for expert evaluation and treatment that the condition is too complex. The ACOEM, Independent Medical Examinations and Consultations Chapter recommend that occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when significant psychosocial factors are present. The report dated 04/29/2015 documents that there has been a change in circumstance as the injured worker is experiencing an increase in headaches. The injured worker has a history of cervical fusion. Because of the increased headaches and history of cervical fusion the request for follow up evaluation (neck) - orthopedic surgeon is medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Detoxification, Drug testing, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The California MTUS recommends that urine drug screening as an option to assess for compliance and aberrant drug behavior during chronic pain treatment. The documentation submitted does not support that the injured worker has a history of drug abuse or aberrant behavior. The utilization of chronic opioid medications is not certified, therefore the request for urine drug screen is not medically necessary.