

**Notice of Independent Medical Review Determination**

Dated: 12/9/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/5/2013  
Date of Injury: 5/11/2006  
IMR Application Received: 8/9/2013  
MAXIMUS Case Number: CM13-0009161

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Amrix 15mg #20 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Nucynta is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the lumbar spine is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **trigger point injections is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Amrix 15mg #20 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Nucynta is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the lumbar spine is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **trigger point injections is medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

Claimant is a 48 year old female with date of injury as 05/11/2006. Diagnoses include cervical post-laminectomy syndrome, status post Cervical (C) C5-C6 and C6-C7 anterior fusion 12/2009, lumbar degenerative disc disease, Myofascial pain, and dysphagia. Clinical notes report sever neck pain radiating to right upper extremity to the fingers and down the right torso to right lower extremity constantly. She has spasms beneath the right scapula. Low back pain extends from the buttocks to the posterior thigh to the knees bilaterally. The claimant also reports right lower extremity paresthesias extending to the right four lesser toes. She has been managed with NSAIDs and trigger point injections every two months. Acupuncture treatments improve headache frequency. She has had poor response to muscle relaxants.

## **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for Amrix 15mg #20:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Muscle Relaxants, pages 63-64, which are part of the MTUS.

#### Rationale for the Decision:

The employee has reportedly had poor response to muscle relaxants despite the pain primarily being described as muscle spasms. Per the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The chronic use of the muscle relaxant Amrix (cyclobenzaprine) is not supported by these guidelines, and is determined to not be medically necessary. **The request for Amrix 15mg #20 is not medically necessary and appropriate.**

### **2) Regarding the request for Nucynta:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), criteria for use of opioids section, pages 76-80 and 89, which are part of the MTUS.

#### Rationale for the Decision:

The employee was injured over 7 years ago, and has ongoing pain with minimal improvement. The employee has been taking Nucynta and Vicodin, reporting that Nucynta provides more relief than Vicodin. The employee's pain is moderate, rated at 6/10. The chronic use of opioid therapy is supported by these guidelines with caution for dependency. The claims administrator has requested that the provider develop a weaning plan for the claimant, and to provide an updated pain contract with urine toxicology testing. Pain contracts and urine toxicology testing

is supported by the Chronic Pain Medical Treatment Guidelines MTUS, however they are not required for chronic opioid therapy, as noted on page 89, “A written consent or pain agreement for chronic use is not required but may make it easier or the physician and surgeon to document patient education, the treatment plan, and the informed consent.” These guidelines also caution to not change more than one medication at a time, and with the removal of Amrix as recommended in this review, it would not be prudent to also discontinue opioid therapy at this time. These guidelines recommend discontinuation of opioid therapy with the following precautions (page 79): “Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The patient should not be abandoned.” The employee does not meet the criteria for immediate discontinuation of opioid therapy. **The request for Nucynta is medically necessary and appropriate.**

### 3) Regarding the request for MRI of the lumbar spine:

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition, Chapter 12, page 303, which is part of the MTUS; and the ODG-TWC Low Back Procedure Summary, MRI, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Chapter 12, page 303, which is part of the MTUS.

#### Rationale for the Decision:

Per the ACOEM guidelines, page 303, “Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures).” There is no clinical documentation provided for review that supports the use of MRI for improved diagnostics, or for the consideration of surgery. There is a lack of documentation of specific nerve compromise that would support the use of MRI. **The request for MRI of the lumbar spine is not medically necessary and appropriate.**

#### 4) Regarding the request for trigger point injections:

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, trigger point injection section, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), trigger point injection section, page 122, which is part of the MTUS.

##### Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines indicate trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004). The employee has been diagnosed with Myofascial pain syndrome with ongoing muscle spasming, and has sustained significant benefit from trigger point injections in the past. The requesting provider reports that the employee receives 70% pain relief for greater than six weeks and is receiving these injections every two months. **The request for trigger point injections is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/cmol

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