

Case Number:	CM13-0002688		
Date Assigned:	12/13/2013	Date of Injury:	07/12/2004
Decision Date:	02/01/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 39 year old female injured on 7/12/2004, while in pursuit of her normal job, working for a [REDACTED] group and assisting patients to prepare for their radiographic studies. On the day of injury a large patient was trying to lie down on the table of the MRI machine but the patient missed the table and the claimant, in trying to prevent her from falling, caught her with the left side of her body. As a result of these happenings, she sustained injuries to her left shoulder, neck and back. She also developed some depression. Diagnoses: Status post left shoulder surgery x2, Cervical radiculopathy, DDD of the cervical spine, HNP at CS-6, Possible thoracic myelopathy, Upper back and neck myofascial pain syndrome, Facet arthropathy of the lumbar spine, "DDD of the lumbar and cervical spine with history of cervical radiculitis, Chronic pain syndrome, Left shoulder subacromial bursitis, Left shoulder impingement, Left shoulder arthralgia, Left shoulder AC joint degenerative joint disease, asymptomatic with clinical testing, Left carpal tunnel syndrome, unsupported electrodiagnostically. Left wrist mild flexor tendon tenosynovitis, Status post left shoulder scope in 2005, Status post left shoulder reconstruction in 2008, Left shoulder SLAP lesion, Major Depressive Disorder, Sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 1 prescription of hydrocodone/APAP 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (July 2009). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Criteria for use of opioids Page(s): 76-77.

Decision rationale: MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines Norco (hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetamenophen) is indicated for moderate to moderately severe pain however, page 76 through 77 MTUS stipulated specific criteria to follow before a trial of opioids for chronic pain management, and there is no documentation that these guidelines were followed. Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82). Therefore, the prospective 1 prescription of hydrocodone/APAP 10/325 mg #180 provided on 6/11/13 was not medically necessary.

Prospective 1 trigger point injection in the upper back and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (July 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines Opioids, the Decision Page(s): 122-127..

Decision rationale: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) Criteria for the use of Trigger point injections: 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) Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26

MTUS (Effective July 18, 2009) Page 122 of 127. There is no documentation of functional improvement with trigger point injections in this case. In addition, trigger point injections are not indicated in the presence of myelopathy as indicated as being present in this case. The request for trigger point injection is found to be not medically necessary and appropriate.

Prospective 1 spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (July 2009) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, the Decision Page(s): 122-127.

Decision rationale: CA-MTUS (effective July 18, 2009) page 104 to 107, section on Implantable spinal cord stimulators: "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. ...Indications for stimulator implantation: " - Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. " - Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgely. (Note: This is a controversial diagnosis.) " - Post amputation pain (phantom limb pain), 68% success rate " - Post herpetic neuralgia, 9WYo success rate " - Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) " - Pain associated with multiple sclerosis " - Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004) " California Chronic Pain Medical Treatment Guidelines (July 2009). The evidence-based guidelines recommend implantable spinal cord stimulators when less invasive procedures have failed or are contraindicated, and following a successful trial. The documentation fails to support the guideline indications for stimulator implantation. Those indications include failed back syndrome, CRPS, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis and peripheral vascular disease. Although the patient has failed multiple modalities, she does not qualify according to the diagnostic criteria which apply for use of this modality. There may have been qualifying findings in this case to place the patient in the diagnostic category of Complex Regional Pain Syndrome and this was alluded to and the recommendation made to evaluate the patient for this but the records do not show the results of such assessment and the diagnosis was not definitively made. This would seem to be the sole diagnostic category under which this patient would be eligible for the trial. In the absence of qualification under CRPS and since the patient fails all other categories, the request for spinal cord stimulator trial is denied, having been found to be not medically necessary and appropriate.

Prospective 1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 77 and 85..

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. The submitted medical records do not indicate that the employee is exhibiting aberrant drug behaviors or is non-adherent to the medication schedule. Patients at low risk do not require screening more than twice a year. The records indicate a drug screen was performed on 4/11/13 and 6/1/13 and the need for additional urine drug screen on 6/11/13 has not been established. The retrospective request for a urine drug screen DOS 6/21/13 is not medically necessary and appropriate.