

Case Number:	CM13-0024967		
Date Assigned:	11/20/2013	Date of Injury:	05/05/1999
Decision Date:	04/02/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male with a date of injury of 05/05/1999. The listed diagnoses per [REDACTED] dated 08/16/2013 are: (1) Lumbar post laminectomy syndrome, (2) Bilateral lower extremity radiculopathy, (3) Status post posterior lumbar interbody fusion L4 to S1, 2004, (4) Status post pelvic open reduction and interior fixation, 1999, (5) Status post pulmonary embolus, 1999, (6) Reactionary depression/anxiety (7) Lumbar SCS placement 2006, (8) Cervical radiculopathy, (9) High blood pressure, (10) Medication-induced gastritis, (11) Status post myocardial infarction, (12) Status post cerebrovascular accident with residual left hemiparesis, (13) ORIF, right 5th metacarpal fracture. Report dated 08/16/2013 by [REDACTED] states patient presents with continued neck and low back pain. The neck pain was noted to radiate down to both upper extremities with associated cervicogenic headaches. The pain in the low back was noted to radiate down to both lower extremities. Examination of the posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points which are palpable and tender throughout the cervical paraspinal muscle, trapezius and medial scapular regions bilaterally. This patient had a decreased range of motion with obvious muscle guarding. Cervical spine range of motion with flexion was at 30 degrees. Extension was at 30 degrees. Right lateral bend 30 degrees and left lateral bend 30 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300 dispensed on 8/16/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: This patient presents with neck pain which radiates down both upper extremities and lower back pain which radiates down to both lower extremities. The treater is requesting Norco 10/325 mg #300. For chronic opiate use, MTUS Guidelines require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, etc. In the reports provided for review dating from 01/03/2013 to 08/16/2013, there are no discussions regarding how Norco has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Fexmid 7.5mg #120 dispensed on 8/16/13: 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): 64.

Decision rationale: This patient presents with neck pain which radiates down to both upper extremities and lower back pain which radiates down to both lower extremities. The treater is requesting Fexmid 7.5 mg #120. The MTUS Guidelines page 64 states that cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. MTUS does not recommend long term use of muscle relaxants. The requested Fexmid 7.5 mg #120 is not medically necessary and recommendation is for denial.

Prilosec 20mg #60 dispensed on 8/16/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 69.

Decision rationale: This patient presents with neck pain and lower back pain. The treater is requesting Prilosec 20 mg #60. The MTUS Guidelines states omeprazole is recommended with

precautions as indicated below: Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events: (1) Age is more than 65 years, (2) History of peptic ulcers, GI bleeding or perforations, (3) Congruent use of ASA, corticosteroids, and/or anticoagulant, or (4) High-dose multiple NSAIDs. In this case, the patient has a diagnosis of medication-induced gastritis. Furthermore, in the report dated 08/16/2013 the treater states that the patient has been experiencing less GI discomfort on Prilosec. The requested Prilosec 20 mg #60 is medically necessary and recommendation is for approval.

four trigger point injections performed on 8/16/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The patient presents with continued neck pain which radiates down to both upper extremities and lower back pain which radiates down to both lower extremities. The treater is requesting 4 trigger point injections. The MTUS Guidelines page 122 under its chronic pain section states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, report dated 08/16/2013 documents numerous trigger points which are palpable and tender throughout the cervical paraspinal muscles. The treater does not describe the examination findings of these trigger points. There is no documentation of local twitch response or taut band as required by MTUS. Furthermore, this patient has radicular complaints. MTUS Guidelines does not recommend trigger point injections when radicular symptoms are present. Recommendation is for denial.

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment.

Decision rationale: This patient presents with low back and neck pain. The treater is requesting Ambien. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has been

prescribed Ambien since 03/01/2013. ODG Guidelines does not recommend long-term use of this medication. Recommendation is for denial.