

<b>Case Number:</b>	CM13-0026154		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	01/01/1994
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 and Rehabilitation, has a subspecialty certificate 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 41-year-old female with a date of injury on 1/1/94. Based on the 8/30/13 visit note by the requesting physician, the patient's diagnoses are spondylosis cervical without myelopathy, myosis, pain/fibromyositis/myalgia, thoracic spondylosis without myelopathy, spondylosis lumbar without myelopathy, dietary surveil/counsel, and anxiety/depression. The Utilization Determination being challenged is dated 9/4/13 and recommends denial of US injection for bilateral Trigger Point Injections, Promethazine, Topamax, and Oxycodone. The requesting provider has provided treatment reports from 3/18/13-9/30/13. Visit notes from 8/30/13 state that the patient complains of neck and upper back pain. It's an achy, sharp, throbbing and constant pain that radiates into both shoulders and into both arms. There is tenderness to palpation over the bilateral lumbar paraspinals but no tenderness to palpation over the thoracic paraspinals. There is tenderness to palpation over the lumbar facet joints but none over the SI joints. According to the Utilization Review and based on the provided reports, there is documentation of chronic low back and neck pain, symptoms have persisted for more than three months, and medical management therapies such as medication and trigger point injections have failed to control pain. There is no documentation stating that additional medical management therapies such as ongoing stretching exercises and physical therapy have failed to control pain. Radiculopathy is not present. No more than 3-4 injections per session with greater than 50% pain relief for six weeks after injection has been documented as evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound injection for bilateral trigger point injections: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The records indicate the patient had trigger point injections on 6/8/13, but the report is a generic template and did not discuss the location of the trigger points. There are no trigger points identified on the 7/8/13 or 8/30/13 reports from the requesting physician, and no discussion of efficacy from the 6/8/13 injections. For trigger point injections, MTUS states, "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." There is no discussion of pain relief or functional improvement with prior injections. Furthermore, there is no reason provided for needing ultrasound guidance for trigger point injections. The request is not in accordance with MTUS guidelines.

**Promethazine 25mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC guidelines, Pain Chapter, for Antiemetics.

**Decision rationale:** The 8/30/13 report is in check-box format. He states that the pain medications cause the patient no side effects. There are no subjective complaints of nausea or vomiting. There has been no recent surgery, and the doctor reports no cancer. There is no rationale provided for Promethazine. There do not appear to be any indications for Promethazine. Without the physician discussing the efficacy or rationale, it is difficult to tell if it is used in accordance with any evidence-based guideline. ODG states it is not recommended for nausea and vomiting secondary to chronic opioid use. If that was the physician's rationale, then it is not used in accordance with ODG guidelines.

**Topamax 50mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs - Topiramate (Topamax®), and on Pain Outcomes and Endpoints Page(s):.

**Decision rationale:** The 8/30/13 report states the patient's pain without medication is 10/10; pain medications bring it to 7/10. The 7/8/13 report states pain is 8/10 without medication and 4/10 with medication. The only change in medication appears to be discontinuation of Neurontin and Lunestra and the addition of Amitriptyline. It does not appear that Topamax has made any difference, and there is no reporting of functional improvement with Topamax. MTUS states the results with Topamax have variable efficacy and, notably, no efficacy for neuropathic pain of central etiology. It does not appear that Topamax has provided a satisfactory response. MTUS does not recommend continuing medications without documented efficacy.

**Oxycodone:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Page(s): 88-89.

**Decision rationale:** The physicians' reports from 7/8/13 and 8/30/13 state that the patient's pain medications reduced pain levels. On 7/8/13 pain was reported to have gone from 8/10 to 4/10, and on 8/30/13 medications are documented to have helped reduce pain from 10/10 to 7/10. Even though the baseline pain is higher, the physician has reported a reduction in pain. According to MTUS, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." This is a satisfactory response. The use of Oxycodone is in accordance with MTUS guidelines.