

Case Number:	CM13-0029357		
Date Assigned:	01/10/2014	Date of Injury:	11/13/2001
Decision Date:	04/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/26/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 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:

This is patient reported a date of injury of November 13, 2001. A progress report dated December 16, 2013 identifies subjective complaints of low back pain and neck pain. Physical examination identifies tenderness to palpation in the paracervical musculature, spasm and tenderness in the lumbar spine musculature, and an antalgic gait. Diagnoses include cervical spine sprain/strain, cervical discopathy, lumbar sprain/strain, lumbar discopathy, left ulnar neuropathy, carpal tunnel syndrome, status post lumbar fusion, status post hardware removal, anxiety and depression, and status post left carpal tunnel release and cubital tunnel decompression. The treatment plan recommends trigger point injections for the lumbar spine, and continuing medications. The note indicates that the medication is providing "relief with the patient's moderate to severe pain." An appeal letter dated November 4, 2013 indicates that on the patient's most recent evaluation dated September 30, 2013 the patient has been getting trigger point injections with limited benefit. The note indicates that the patient had a trigger point injection on March 22, 2013. The note indicates that Norco was prescribed "to minimize his discomfort to the point wherein she can function again in the way that he used to be." The note acknowledges that the goal of treatment is to improve the patient's function. The note goes on to state "Norco was requested as I firmly believe that it would provide maximum analgesia for my patient, thereby allowing him to perform activities doubting his abilities due to less pain." The note goes on to support the use of a urine drug screen in a patient taking Norco, but does not discuss the frequency with which a urine drug screen should be performed. A urine drug screen performed on October 10, 2013 identifies compliant results. A report dated September 17, 2013 indicates that the patient fell in 2011 when he was taking Norco and using alcohol concurrently. Additionally, he was taken to a medical center on March 11, 2013 after taking 2 Norco and was found with narcotic overdose. The note goes on to state "he was using 6 Norco per day which is

creating some of his problems. Nevertheless, his narcotic pain medication dependence is predominantly industrial, and it is possible that he will need a formal detox if he is ever going to get off of this amount of medication." A urine drug screen performed on July 26, 2013 is consistent for hydrocodone. A progress report dated July 26, 2013 identifies current complaints of severe upper and lower back pain with radiation to the lower extremities. The patient also has difficulty sleeping. The medications and injections help "alleviate the pain temporarily." Objective findings identify pain with palpation over the lumbar spine as well as reduced range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR A ONE YEAR GYM AND POOL MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships

Decision rationale: Regarding request for gym and pool membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment or pool exercise, or that the physician is overseeing the gym/pool exercise program. In the absence of such documentation, the currently requested gym and pool membership is not medically necessary.

THE REQUEST FOR NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high

abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.

THE REQUEST FOR AMBIEN 10 MG#30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.

THE REQUEST FOR URINALYSIS (DOS: 07/26/2013): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: Regarding the request for a urine drug test, Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it is clear the patient is on a controlled analgesic in the form of Norco. Additionally, there is now documentation that the patient is in the high-risk

category, with a history of overdose and concurrent use of alcohol and opiates. Guidelines support urine drug testing as frequently as every month for high-risk patients. As such, the currently requested urine drug screen is medically necessary

THE REQUEST FOR ONE TRIGGER POINT INJECTION OF 2CC OF CLELSTONE AND 6CC OF LIDOCANE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the requested trigger point injections are not medically necessary.