

Case Number:	CM13-0030575		
Date Assigned:	11/27/2013	Date of Injury:	07/30/2001
Decision Date:	02/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 44-year-old male who reported an injury on 07/30/2001. The mechanism of injury was not provided in medical records. His diagnoses include mild left L4-5 and L5-S1 radiculopathy, intractable pain in the left hip joint, status post total left hip replacement, and chronic myofascial pain syndrome of the thoracolumbar spine. At his 09/5/2013 office visit, the patient reported upper and lower back pain. His objective findings included restricted range of motion of the lumbar spine, multiple myofascial trigger points, taut bands throughout the thoracic and lumbar paraspinal and gluteal musculature, decreased range of motion of the left hip, decreased sensation to touch and pinprick in the left thigh and calf areas, and decreased motor strength at the left foot dorsiflexion and plantar flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 MG #180: 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 Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: According to the California MTUS Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective in the treatment of neuropathic pain and has been considered a first line treatment. The guidelines further state that for patients who receive a less than 30% reduction in pain on anti-epilepsy drugs, a change should be made to a different first-line agent or another agent should be added to the current therapy. The continued use of anti-epilepsy drugs depends on improved outcomes related to pain relief and improvement in function. The clinical information submitted for review suggests that the patient is taking Neurontin 600 mg 3 times a day, as well as Norco 10/325 mg every 8 hours. He is noted to report more than 50% relief of his pain with the prescribed medications. It is also noted that his ability to function is significantly improved with his medications. As the patient has been noted to report more than 50% relief in pain and increased function with the use of Neurontin, the request is supported. Therefore, the request is certified.

Norco 10/325MG #120: 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and the 4 A's need to be documented for the ongoing management of patients taking opioid medications. It was noted in the clinical information submitted for review that the patient reports more than 50% pain relief with his prescribed medications, as well as increased function, specifying that he is able to perform his activities of daily living more than 50% of the time. It also states that there is no documented abuse, diversion, or hoarding of his prescribed medications, and no evidence of illicit drug use. The patient was noted to report side effects of some nausea and dizziness with use of the Norco, but he is able to tolerate these symptoms and he has a prescription for Zofran as needed for nausea. As the clinical information submitted for review does contain documentation required by the guidelines for the ongoing management of opioid medications, included the 4 A's, the request is supported. Therefore, the request is certified.

Trigger Point Injections X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

Decision rationale: The California MTUS Guidelines state that the criteria for use of trigger point injections include that there needs to be documentation of the circumscribed trigger point with evidence upon palpation of a twitch response and referred pain; symptoms need to have persisted for more than 3 months; medical management therapies such as exercises, therapy, and

medications have failed to control the pain; and radiculopathy is not present. The patient has been noted to have been receiving trigger point injections to his thoracic region to control his myofascial pain syndrome. It is noted that the patient has reported getting more than 50% pain relief with the trigger point injections and he has been able to decrease his intake of opiate medications. His objective findings include multiple myofascial trigger points; however, there is not documentation of a twitch response or referred pain with palpation, as required by the guidelines. Additionally, the guidelines state that for repeat trigger point injections there needs to be documentation of 50% pain relief for 6 weeks and documented evidence of functional improvement. The clinical information submitted for review failed to show adequate documentation of functional improvement following the patient's previous trigger point injections, and it is unknown whether his report of 50% pain relief lasted for 6 weeks. For these reasons, the request is noncertified.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that the use of urine drug screening may be used when there is documentation of issues of abuse, addiction, or other aberrant drug taking behaviors. The clinical information submitted for review states that there is no documented abuse, diversion, or hoarding of prescribed medications or evidence of illicit drug use for this patient. Additionally, the patient has had several urine drug screens in the months prior to his 09/05/2013 office visit, which were noted to have all been consistent with his medications. Therefore, the request is not supported.