

Case Number:	CM13-0037454		
Date Assigned:	12/13/2013	Date of Injury:	09/12/2002
Decision Date:	05/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 patient is a 42-year-old female who sustained an injury on 9/12/02. She has a history of thoracic spine pain, thoracic spine discectomy Å2 as well as lumbar spine pain with radiation into her legs. The provider's report of 10/02/13 states the patient reports a severe increase in right leg pain and complains of the pain and spasms in her right leg are so severe that it is keeping her awake at night. Authorization was requested for thoracic and lumbar MRI. He also notes that the patient is on the minimal amount of medication she takes for her to perform activities of daily living. The medications bring her pain level down from a 9 to a 4 and without these medications the patient is unable to get out of bed. The Zonegran and Cymbalta reduce the radiculopathy pain that the patient is suffering from in her lower extremity; the pain is reduced from a 9 to a 5 and makes it possible for her to ambulate. Physical examination reveals limitation of thoracic spine motion secondary to pain. There is pain at the spinal cord stimulation surgical site and also at the site of a previous laminectomy. The pain radiates around the intercostals at 2 levels to the posterior axillary line on the right and is associated with hypersensitivity of the scar. She has bilateral upper extremity tingling but no motor or sensory deficit in her upper extremities. Lower extremities are sensitive to touch; the right leg more than the left. She has decreased strength to dorsiflexion of her right foot. Cervical spine shows moderate to severe mild fasciitis in the cervical spine which extends down the thoracic column. This history and physical examination is basically unchanged since September 2012. The patient had an MRI scan of her lumbar spine on 9/17/2012; the results were considered normal except for a small spinal canal with mild central canal narrowing at L4-5. The patient had an MRI scan of her thoracic spine on 9/17/2012; it was interpreted as degenerative disc disease at T8-T9 and T10-T11 without evidence of spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LUMBAR SPINE: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI Section.

Decision rationale: The MTUS guidelines state that if there are unequivocal objective findings that identify specific nerve compromise on the neurological examination, the MRI is indicated. It is also indicated if surgery is contemplated. The ODG states repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. This patient was complaining of increasing right leg pain on the first post-operative visit after her spinal cord stimulator was removed on 9/11/12. The patient had an MRI of the lumbar spine and thoracic spine on 9/17/12 and this only showed mild degenerative disc disease. Her symptoms have not changed significantly since that time. Therefore, the medical necessity for an MRI scan of the lumbar spine has not been established.

AVINZA 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78,90,88-89.

Decision rationale: This patient has been taking Avinza 90 mg for at least 3 years. The pain management guidelines for ongoing management of pain with opioids are very specific and include: (a) Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy (b) The lowest possible dose should be prescribed to improve pain and function, (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect

therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management, (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion), (g) Continuing review of overall situation with regard to non-opioid means of pain control, (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider an addiction medicine consult if there is evidence of substance misuse. In addition, the efficacy of using long-term steroids for treating chronic pain is limited. Therefore, the medical necessity of using Avinza 90mg on a long-term maintenance basis has not been established.

NORCO 10/325 MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

Decision rationale: Again, the guidelines for maintaining the use of opioids in a chronic pain patient has have not been followed. There is no documentation of drug screening or documentation of misuse of medication. The 4 A's of ongoing monitoring have not been adhered to. Plus, the patient is taking an excessive amount of narcotics to achieve her pain relief and therefore consultation with a multidisciplinary pain clinic should be encouraged. All these factors considered, the use of Norco 10/325 #240 cannot be considered medically necessary.

FOUR (4) ULTRASOUND GUIDED TRIGGER POINT INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Section Page(s): 1-2.

Decision rationale: According to the medical records, this patient has been receiving trigger point injections, sometimes up to ten at a time on a frequent basis for a number of years. The chronic pain guidelines for trigger point injections are: 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. Documentation does not describe circumscribed trigger points; often more than 4 injections are given at a time, frequently injections are given one month apart, and there is very little documentation about pain relief. Therefore the medical necessity of trigger point injections has not been established.

AN MRI OF THE THORACIC SPINE WITH AND WITHOUT CONTRAST: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: There has been no change in the patient's thoracic pain. There are no sensory changes along the thoracic dermatomes. The patient had an MRI scan of her thoracic spine on 9/17/12 and this revealed mild degenerative disc disease at 2 levels. There is no evidence of any red flag signs or symptoms. Further surgery is not contemplated. These are all reasons for ordering a thoracic MRI. Therefore, the medical necessity of a repeat thoracic MRI scan has not been established.