

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0042092 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/28/2000 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

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 Occupational Medicine and is licensed to practice in Hawaii. 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:

The patient is a 50 year-old female who is reported to have a date of injury of 07/28/2000. The mechanism of injury is not described. Records indicate the patient is status post Anterior Cervical Discectomy and Fusion at C5/6 and C6/7 with possible pseudoarthrosis at C6/7 and right shoulder surgery. The patient has an additional diagnosis of right shoulder impingement syndrome for which she underwent a Rotator Cuff Repair and Manipulation Under Anesthesia on 10/05/12 along with ongoing treatment for chronic depression, insomnia, and obesity. Records indicate the patient has received corticosteroid injections into the anterior and posterior aspects of the shoulder providing temporary relief. The records include urine drug screen results. The patient was seen in follow-up on 09/17/13. At this time there are no substantive gains made in shoulder range of motion. The patient does not wish to return to therapy. At this visit she received a corticosteroid injection in right paracervical region and supraspinatus region. Medications include xanax, tramadol, prilosec, and topical pain medication. A utilization review dated 10/9/2013 noncertified the request for Xanax 1MG #60, Prilosec 20MG #90, ONE (1) Urine Drug Screen, and One (1) Right Paracervical Region And Supraspinatus Cortisone Injection of 1CC Celestone And 3% Marcaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS states that benzodiazepine (i.e. Xanax) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Medical records indicate that the patient has been on Xanax since at least 9/17/2013, far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for XANAX 1MG #60 is not medical necessary.

PRILOSEC 20MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular Risk, pages 68-69.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for PRILOSEC 20MG #90 is not medically necessary at this time.

ONE (1) URINE DRUG SCREEN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by treating physician. Guidelines do support the use of Urine Drug Screens up to twice a year in chronic opioid treated patients. The patient's most recent UDS per the medial records appear to be approximately 5/2013. As such, the request is medically necessary and appropriate.

ONE (1) RIGHT PARACERVICAL REGION AND SUPRASPINATUS CORTISONE INJECTION OF 1CC CELESTONE AND 3% MARCAINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Trigger Point Injections. Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Injections.

Decision rationale: The records indicate the patient has received corticosteroid injections into the anterior and posterior aspects of the shoulder providing temporary relief. The location of these injections appears too muscular versus intra-articular. 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. Based on the available data the patient did not meet criteria per CA MTUS and medical necessity was not established.