

Case Number:	CM13-0042875		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2009
Decision Date:	03/12/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, Washington DC, Maryland, and Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This 55yr old claimant suffered an industrial accident on 10/14/2009. He injured his left hand, low back, and bumped his head. Patient's progress reports persistently document low back pain. His pain reduced after lumbar facet injections and Radio Frequency Ablation. He also reports reduced intake of medications. He reports that he stopped taking Zoloft and Ambien. On examination - lumbar tenderness and antalgic gait was noticed. Thoracic trigger points with evidence of twitch response were observed. Treatment till date include - Chiropractic care, Physical Therapy, Carpel tunnel release , Lumbar ESI, SCS trials, medial branch blocks and RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 122 of 127.

Decision rationale: Regarding trigger point Injections, MTUS criteria for trigger point Injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous Injections, including functional improvement. The patient presents with thoracic trigger points (With evidence of twitch response) recalcitrant to attempts at conservative care, multiple trigger point injections have been given to this patient, with no documentation of any functional improvement. Therefore the request for Trigger point injections is not medically necessary.

Sertraline (Zoloft) 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 13 of 127.

Decision rationale: Regarding Sertraline (Zoloft)(a selective serotonin reuptake inhibitors (SSRIs), 50mg oral tab 30 tab, CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an Important part of chronic pain treatment. Peer reviewed literature reveals Sertraline (Zoloft) is used to treat depression, obsessive-compulsive disorder, panic disorder, anxiety disorders, and post-traumatic stress disorder (PTSD). Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. However, the patient states that she has stopped taking Zoloft. Therefore the request for Zoloft is not medically necessary.

Clonidine (Catapres) .1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FDA (Clonidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Section on Clonidine Page(s): 34 and 38 of 127.

Decision rationale: Regarding Clonidine (Catapres) 0.1 mg oral tab 30 tab, the FDA states that Clonidine is indicated for Hypertension; Hypertensive Crises; Pain; Opiate Dependence; Alcohol Dependence; Smoking Cessation; Attention Deficit Hyperactivity Disorder; Pheochromocytoma; Migraine Headaches; Dysmenorrhea; Glaucoma; or Diarrhea. However, there is no clear Indication for the use of Clonidine in this patient. While it is indicated that the patient had taken Clonidine to help with his withdrawals, there is no evidence that the patient was opioid dependent or would continue to have withdrawal symptoms. In the progress note dated

12/19/2013, the patient states that he has had some difficulty sleeping, and the Clonidine has not been as effective as it initially was. It does help with withdrawals. He prefers to be off it and back on Ambien He obtained good sleep with Ambien in the past without adverse side effects. Therefore the request for Clonidine is not medically necessary.

Oxycodone- Acetaminophen (Percocet) 10-325mg oral tab #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids and the Official Disability Guidelines (ODG).

Decision rationale: With respect to Oxycodone- Acetaminophen (Percocet) 10-325mg oral tab #30, the guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and 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 a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for 200 Tylenol with codeine #4 is not medically necessary.