

Case Number:	CM13-0047994		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2000
Decision Date:	04/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Medicine 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:

The patient is a 54 year old female with a date of injury on 4/25/2000. The patient is being treated for chronic neck pain with upper extremity radiation, and low back pain with radiation. Subjective complaints are of worsening pain, body aches, and worsening insomnia secondary to pain. Physical exam showed moderate distress, with tenderness at C2-C7 and decreased range of motion. There was tenderness at L3-S1, and decreased lumbar spine range of motion. Also there was limited and painful range of motion to the right elbow, wrist and knee. Imaging of the cervical spine indicated findings consistent with radiculopathy. The medications include Motrin, Vicodin, Butrans patch 10mcg/hour every 7 days, Tizanidine, and Neurontin. The records indicate that the patient is involved in a home exercise program and has been doing aquatic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) TRIGGER POINT INJECTIONS BETWEEN 8/28/2013 AND 8/28/2013:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Trigger Point Injections.

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

Decision rationale: The California MTUS guidelines recommends trigger point injections for myofascial pain when trigger points are identified, symptoms have persisted for more than 3 months, conservative treatments have failed and radiculopathy is not present by exam, imaging or neurotesting. The repeat injections are not recommended unless greater than 50% pain relief is obtained for six weeks and there is documented functional improvement. For this patient, there is evidence of subjective/objective radicular pain, and evidence consistent with radiculopathy on cervical MRI. Based on these reasons, the patient is not a candidate for trigger point injections. The medical necessity of this modality has not been established.

SIX (6) MONTH GYM MEMBERSHIP FOR AQUATIC THERAPY BETWEEN 8/28/2013 AND 11/25/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine, Aquatic Therapy, Gym Memberships

Decision rationale: The California MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The ODG recommends aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The ODG states that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. For this patient, there is no documentation that her home exercise program was not effective. Furthermore, there are no apparent indications that would require the patient to utilize special exercise equipment or a pool. Therefore, for these reasons, the medical necessity of a gym membership and aquatic therapy is not established.

BUTRAN PATCHES BETWEEN 8/28/2013 AND 11/25/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Buprenorphine

Decision rationale: The California MTUS and the ODG recommend Buprenorphine for treatment of opiate addiction and also recommended as an option for chronic pain. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose.

Studies have shown that Buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. The patient in question has been on chronic opioid therapy with Buprenorphine. The California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, clear documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screening, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.