

Case Number:	CM13-0050745		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2000
Decision Date:	04/24/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 70 year-old female sustained an injury on 8/1/00. Requests under consideration include trigger point injections to the right side low back, Tramadol HCL 50 mg #120 times 3 refills, Neurontin 300 mg #90 times 4 refills, and Lyrica 50 mg times 4 refills. Report of 10/29/13 from the provider noted patient with moderate-severe pain to upper, middle, lower back and neck; with burning, numbness, piercing, sharp, and stabbing; aggravated by lifting, sitting, and standing; relieved by ice, pain medications, physical therapy and sitting. Medications list 22 including the above requested. Exam of the cervical and lumbar spine showed painful limited active range of motion; no motor weakness, antalgic gait; normal fine motor skills; slight limp; intact memory; intact coordination; TTP right PSIS with active trigger points over the right side. Diagnoses included cervical radiculopathy/ spinal stenosis; neck pain/ failed back surgery/ degenerative disc disease; chronic pain syndrome. The patient remained P&S. Requests above were non-certified on 11/5/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE RIGHT LOW BACK: Upheld

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 Page(s): 122.

Decision rationale: The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, diagnoses identified radiculopathy which is medically contraindicated for TPI's criteria. Medical necessity for trigger point injections has not been established and does not meet guidelines criteria. The trigger point injections to the right side low back are not medically necessary and appropriate.

TRAMADOL 50MG #120 WITH THREE REFILLS: Upheld

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 Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Tramadol HCL 50 mg #120 with 3 refills is not medically necessary and appropriate.

NEURONTIN 300MG #90 WITH FOUR REFILLS: Upheld

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 Page(s): 18-19..

Decision rationale: Although gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific indication to support for gabapentin without clinical findings of neurological deficits or neuropathic pain. Previous treatment with gabapentin has not resulted in any functional benefit. The Neurontin 300 mg #90 with 4 refills is not medically necessary and appropriate.

LYRICA 50MG #120 WITH FOUR REFILLS: Upheld

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 Page(s): 100..

Decision rationale: Pregabalin (Lyrica®) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 50 mg with 4 refills is not medically necessary and appropriate.