

Case Number:	CM13-0055738		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2011
Decision Date:	03/24/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and 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 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:

The patient is a 50 year old male injured on 05/23/2011 while performing his typical job duties when he felt an acute onset of pain in his right knee. Over the previous five years patient had progressive problems with his left knee, a couple of days after he reported his right knee pain. Treatment history included physical therapy, trigger point injections, and the following medications: Norco; Ultram; Anaprox and Prilosec, Topamax. Surgeries included right knee arthroscopy on 09/09/2011; left knee arthroscopy on 12/09/2011, left knee arthroscopy revision on 12/21/2012; right shoulder arthroscopy on 05/17/2013 and left shoulder arthroscopy in 1986, army (non industrial). MRI shoulder w/o contrast dated 12/17/2012 showed small partial-thickness undersurface tear of the distal supraspinatus tendon; tendinosis of the subscapularis tendon. Ganglion cyst of the subscapularis near the musculotendinous junction; III definition of the anteroinferior labrum possibly due to degeneration versus tear. If further labral detail desired, an MR arthrogram on a high field MRI scanner is recommended and degenerative disease of the acromioclavicular joint. A clinic note dated 11/01/2013 indicates that on lumbar spine exam, the patient stood erect with normal posture. Lumbar lordosis were normal and there were no evidence of scoliosis or increased thoracic kyphosis. Hips and pelvis were level. Leg lengths were equal. There were tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. There were trigger points and taut bands and tenderness to palpation noted throughout. Gait was normal heel to toe. Walking on tiptoes and heels did not increase pain. Sensory examination to Wartenberg pinprick was non-focal and symmetrical. The straight leg raise in the modified sitting position were negative at 60° bilaterally. Bilateral Knees: There was tenderness along the medial and lateral joint lines of the knees bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen DOS 10/02/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain Urine Drug Testing (UDT).

Decision rationale: As per CA MTUS and ODG, urine drug screen is recommended to assess for the use or presence of illegal drugs and monitor compliance with prescribed medications. As per ODG guidelines: "Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. 4. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. "Previous urine drug test done on 12/12/2012 was negative and did not show aberration, illicit drug use, or evidence of diversion. Therefore, request for retrospective urine drug screen DOS 10/02/2013 is non-certified

Retrospective Four Trigger Point Injections to the LEFT posterior lumbar musculature DOS 10/02/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections Page(s): 122.

Decision rationale: As per CA MTUS guidelines: "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. " The provider's report dated 11/01/2013 indicates that patient had 75% pain relief from the trigger point injections he received previously that lasted for two weeks. Further it was noted by the provider that his medications is helping increasing his function and significantly cut back on his Norco requirement. Thus, all the criteria have not met and a retrospective four trigger point injections to the LEFT posterior lumbar musculature DOS 10/02/2013 is non-certified.

Retrospective Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: As per CA MTUS guidelines, it is recommended if patients at intermediate risk of gastrointestinal events and no cardiovascular disease. The guidelines indicate 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions". There is no documentation that patient reported any complaints of heartburn, gastritis, peptic ulcer disease, or gastroesophageal reflux disease (GERD). Therefore, the request for retrospective Prilosec 20 mg #60 is non-certified.

Retrospective Topamax 25 mg #: 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 Antiepilepsy drugs (AEDs Page(s): 16 and 21.

Decision rationale: As per CA MTUS guidelines, Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology." Further guidelines indicate that Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard." The provider's notes from 09/04/2013, 10/02/2013, and 11/01/2013 indicate patient weight as 300 lbs. This is conflicting with the reported 15 lbs weight loss. Thus, the request for Retrospective Topamax 25 mg #120 is non-certified