

<b>Case Number:</b>	CM13-0064128		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/06/2004
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a [REDACTED] employee who has filed a claim for right eye, low back, neck, and skull symptoms associated with an industry injury of October 06, 2004. Thus far, the patient has been treated with trigger point injections in July 2012, occipital nerve blocks, NSAIDs, Remeron, and Percocet and Norco with a total daily morphine equivalent dose of 150. Of note, patient had removal of the right eye with eye prosthesis in 2004. Patient is currently not working. In a utilization review report of November 07, 2013, the claims administrator denied a request for gym membership with pool as documentation does not support medical necessity; meditation CD by [REDACTED] as it is not a medical necessity; Anaprox DS as there is no support for medical necessity; and urine drug screen (date of service 09/11/13); and partially certified Percocet for #70 and Norco for #70 as there is no documentation regarding improvement or maintenance of function with these medications or close monitoring of opioid use. Review of progress notes shows that patient experiences post-traumatic headaches and chronic myofascial pain syndrome from upper to lower back. Progress notes indicate that trigger point injections and medications significantly reduce pain and allow patient to be more functional, but notes uncontrollable headaches. Patient has a limp and ambulates with a cane. Patient also has history of substance abuse, depression, anxiety, and motivational difficulty and presents as a very depressed-looking individual. Patient reported to experience lower extremity symptoms secondary to diabetic neuropathy. MRI of the cervical spine performed September 22, 2011 showed mild disc degeneration with disc protrusion causing 10% diminution in the AP diameter of the cervical canal at C3-4, C6-7, and C7-T1. MRI of the lumbar spine showed moderate disc degeneration with disc protrusion causing 30% diminution of the lumbosacral canal at L5-S1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PERCOCET 10/325 MG, #200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been using Percocet since October 31, 2012 at 10/325mg every 6 hours. Latest dosing regimen is 10/325mg 1-2 tablets every 4-6 hours. There is partial certification of this medication for #100 on December 23, 2013. Progress notes indicate that patient has greater than 50% relief with medications and ability to function is significantly improved, as patient is able to perform ADLs more than 50% of the time. However, patient notes recent worsening of headaches even with medications. The records do not clearly reflect continued symptomatic and functional benefit from this medication. Therefore, the request for Percocet 10/325mg #200 is not medically necessary and appropriate.

### **NORCO 10/325MG #200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been using Percocet since October 31, 2012 at a dosing regimen of 10/325mg every 6 hours. Latest dosing regimen is 1 tablet every 4-6 hours for #100. Progress notes indicate that patient has greater than 50% relief with medications and ability to function is significantly improved as patient is able to perform ADLs more than 50% of the time. There is partial certification of this medication for #100 on December 23, 2013. There is no documentation of a rationale to increase amount of tablets from #100 to #200. Therefore, the request for Norco 10/325mg #200 is not medically necessary and appropriate.

### **GYM MEMBERSHIP:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS does not specifically address this issue. According to the Official Disability Guidelines (ODG), gym memberships are not recommended unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In this case, there is no documentation regarding a structured home exercise program or need for special equipment. Also, the frequency and duration for this request is not specified. Therefore, the request for gym membership is not medically necessary and appropriate.

**Meditation CD by [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Illness and Stress chapter, Computer-assisted cognitive therapy.

**Decision rationale:** California MTUS does not specifically address this issue. The Official Disability Guidelines (ODG) states that a multimedia, computer-assisted form of cognitive therapy (e.g. Mood GYM) with reduced therapist contact may be as efficacious as standard cognitive therapy for depression and anxiety. [REDACTED] CD, on the other hand, is a self-empowerment and motivational tool. The rationale for this request is to aid the patient in deep breathing exercises. The patient has had psychological treatment in 2007 for flashbacks, sleep problems and anxiety and has received Remeron and Citalopram, but remains depressed and anxious. Deep breathing exercises may provide symptom relief for anxiety, however there is no evidence to support medical necessity for meditation CD to aid in deep breathing exercises. Therefore, the request for meditation CD by [REDACTED] is not medically necessary and appropriate.

**ANAPROX DS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46..

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with

moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case the patient has been on Anaprox DS since at least October 31, 2012 with a dosing regimen of every 8 hours. Latest dosing regimen is 1 tablet every 8-12 hours. In this case, there is no specification of requested medication dose and amount. Therefore, the request for Anaprox DS is not medically necessary and appropriate.

**URINE DRUG SCREEN, PROVIDED ON SEPTEMBER 11, 2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess for the use or presence of illegal drugs and as ongoing management for continued opioid use. There has been monitoring of medication use in this patient for 4 times from January to August of 2013. Routine screening is recommended for patients on chronic opioid therapy, however, guidelines recommend screening of up to 4 times a year and there is no additional information that would warrant suspicion of substance misuse to indicate additional screening. Therefore, the retrospective request for urine drug screen (September 11, 2013) is not medically and appropriate.