

Case Number:	CM13-0064287		
Date Assigned:	01/03/2014	Date of Injury:	11/08/1999
Decision Date:	11/15/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	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 Family Medicine and is licensed to practice in New York. 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 injured worker is reported to have sustained an unknown injury 11/8/1999 secondary to an unknown mechanism. She is reported to have the following accepted industrial injuries: neck, low back, right hip, abdomen and right leg. She is reported to have undergone back surgery (unknown procedure) with a failed outcome with continued low back pain, lower extremity pain and right foot drop. The injured worker reports that the legs give way frequently and she experiences lower extremity edema causing her to rest in bed with her extremities elevated. At the visit of 10/01/13 the patient reported still having burning pain in the sacral area radiation down both legs. She continued to experience numbness in the left lateral thigh from the hip to the knee. She reported a recurrence of cluster headache. The severe low back pain limits her ability to sit for extended periods which makes travelling in a vehicle unbearable. She reported increasing pain in her abdomen, legs, shoulders, neck, which wake her up and interfere with sleep. Activities of daily living are reported to be significantly impacted. The injured worker did report that Flexeril had not been strong enough to reduce spasms or relax her muscles (although what muscles where is not articulated). Examination for this date reported pain as 7/10 (location not defined). Ankle reflexes were absent on the right and trace on the left. Limited range of motion is reported for the neck with tender to palpation over the left cervical facets with palpable "knots" in the left shoulder. Range of motion in the left shoulder is reported to 45 degrees but not defined in what plane. Paraspinal tender to palpation is noted. Lumbar spine range of motion is limited by approximately 50% with pain on dorsiflexion. Sciatic notch tenderness is reported bilaterally. Straight leg raise is positive bilaterally but not reported at what angle. Strength in the lower extremity is reported as reduced bilaterally but not quantified. Gait and posture are reported to be normal. Sensation in the L3-4-5 and S1 dermatome is reported as decreased on the left. Right foot drop is noted. Working diagnosis for this visit is listed as cervicalgia, post

laminectomy syndrome, pain in joint (multiple sites) and trochanteric bursitis. The following plans were proposed. Add Ativan (Alprazolam) 1mg tid prn for spasm, 90 and add Tizanidine (Zanaflex) 4mg 1-2 qid prn for spasm, 180. Continue the following: Duragesic 100/100 every 48 hrs, 15, OxyContin 80mg XR, 1 q8h prn, 90, Oxycodone 15mg 1 qid prn for breakthrough pain, 120 and Effexor XR 37.5 1 bid, 60. The following procedures were planned: left shoulder, subacromial injection to help delineate source of neck pain, trigger point injections, caudal epidural injection. Lastly a TENS unit replacement was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: While Diazepam has an FDA approved indication for use in muscle spasm it is not necessarily a class effect and Alprazolam does not. According to the guidelines, it is generally not recommended for long term use. Efficacy is unproven and development of dependence is a significant risk. Any potential muscle relaxant effect will generally be lost within a few weeks as tolerance develops risking increasing the dose or frequency and risking unwanted side effects. Use of Ativan in this situation cannot be supported. Therefore, this request is not medically necessary.

Tizanidine HCL 4MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62, 66.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants can be recommended with caution as second line options for short term treatment of acute exacerbations in patients with chronic low back pain. In most cases they show no additional benefit beyond NSAID's in pain and overall improvement and no additional benefit in combination with NSAID's. Tizanidine has shown evidence for efficacy with myofascial pain syndrome and possibly fibromyalgia. It has been associated with somnolence, dizziness, weakness and hepatotoxicity. The physical examination reported does not articulate evidence for muscle spasm or breakthrough muscle spasm unless the reported "knots" in the left shoulder represent muscles in spasm. The injured worker does note that use of Flexeril had not been sufficient to reduce spasms or relax her muscles. The exact location of her muscle spasms was not articulated. Providing that appropriate screening takes place to avoid the risk of

hepatotoxicity and the dose is titrated to effect, limiting side effects, the use of Tizanidine for the shoulder complaints and neck pain could be supported. Therefore, this request is medically necessary.

Left Shoulder Subacromial Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213.

Decision rationale: The amount of detail of the examination fails to confirm the findings of a subacromial bursitis as required by the guidelines. The limit of 45 degrees represents an incomplete description of the problem. The note that it is to help differentiate whether the neck pain is connected implies that there is in fact a shoulder problem. No background materials on the nature of the problem and any interventions and their result are provided. Certainly corticosteroid injections have a place in impingement syndromes as options but are not considered the primary or initial intervention. In this circumstance in the absence of adequate information to consider the relevance and utility of the request, this request is not considered medically necessary.

Trigger Point Injections to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122, 309.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections can have a place in the approach to low back pain. This intervention would suggest that trigger points had been elucidated at the time of the examination. There is no documentation of a circumscribed trigger point or description of a classic twitch response. There is no documentation that medical management therapies had been employed prior to the recommendation for invasive maneuvers. The "injection" is not clarified as to what were intended, local anesthetics versus corticosteroids versus both. No number of injections was articulated. In the end there is insufficient evidence to support the proposed request. Therefore, this request is not medically necessary.

Caudal Epidural Injection to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the guidelines, epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression. This treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. It can be recommended as an option for treatment of radicular pain with corroborative findings of radiculopathy. In this case we have no confirmation for radiculopathy such as the results of an EMG or MRI report or a history of any prior injections and their outcome. Therefore, this request for a caudal epidural injection to the lumbar spine is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, a home-based treatment trial of one month may be appropriate for neuropathic pain. There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. Unfortunately there was no evidence of a home trial or objective assessments of outcome, functional improvement or reduction in pain. Therefore replacement cannot be supported. This request is not considered medically necessary.

OxyContin 80MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81, 86, 87, 95.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Opioids are of limited benefit long term in the management of low back pain. They are not recommended for the management of headache but there may be some benefit as second line agents with neuropathic pain. It is recommended that the dose of 120mg per day of Morphine equivalent dosing not be exceeded. This patient was already on the Fentanyl patch at 100/100 dosing. The daily dose of OxyContin at 240mg was the equivalent of 360mg per day of Morphine equivalent, 3 times the recommended maximal daily dose. Opioids have many risks which include abuse, dependence, diversion as well as hyperalgesia. The increasing dose of opioids well in excess of expected norms may have represented an increase in sensitivity to

noxious stimuli making the underlying problems worse. The continued use in the face of breakthrough medications as well as sustained release medications cannot be supported. The UR indicated weaning would not be needed but I would recommend it at the remarkable dosing level being used. Ongoing use is not recommended. The fact that there was some evidence in the record of abuse of narcotics in the past only reinforces this decision. Therefore, this request is not medically necessary.

Duragesic Patches 100/100 MCG/HR #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81, 86, 87, 93, 95.

Decision rationale: Serious consideration needs to be given to the long term risks of opioids with this patient. Discontinuation needs to be considered when there is no overall improvement in function. This injured worker reported that despite the massive amounts of opioids consumed that it moved her baseline pain only down to a 5 barely impacting her ability to sit in a car and pursue normal ADL's. According to the guidelines, Fentanyl (Duragesic) is indicated for the management of persistent chronic pain which is moderate to severe requiring continuous around the clock opioid therapy. The logic behind the continuous dosing is to avoid the peaks and valleys in analgesia that can drive the use of narcotics analgesics as the patient is always behind the pain power curve in addition to avoiding the narcotic high driving dependency. The patch is designed to release its dose consistently over 72 hours. As such the patch while authorized in special circumstances for change every 48 hours should cover needs for a full 72 hours considering at 100/100 it produces more than double the recommended daily maximum Morphine equivalent dose. Therefore, this request is not medically necessary.