

Case Number:	CM13-0066254		
Date Assigned:	01/03/2014	Date of Injury:	05/23/2011
Decision Date:	11/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 49-year-old male with a date of injury of 05/23/2011. The listed diagnoses per [REDACTED] are: 1. Bilateral knee internal derangements, status post arthroscopic surgeries 2011 and 2012. 2. Right shoulder internal derangements, status post arthroscopic surgery, 05/17/2013. 3. Lumbar myoligamentous injury. 4. Medication-induced gastritis. According to progress report 11/01/2013, the patient presents with bilateral knee, right shoulder, and low back pain. The patient reports 75% pain relief with trigger point injections he received 2 weeks ago. He still has about 50% benefit. The patient is utilizing Topamax as an analgesic which has "mild anorexic properties. He has also lost about 15 pounds." The patient has been able to cut back on Norco from 8 tablets to 2 tablets per day and is also relying on Ultram ER and Anaprox to help him function throughout the day. The patient states that Ultram ER 150 mg is working well and increasing his function and helping him to cut back on Norco. Examination of the lumbar spine revealed tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. There are trigger points and taut bands with tenderness to palpation noted throughout. Examination of the bilateral knees revealed tenderness along the medial and lateral joint lines of the bilateral knees. This is a retrospective request for trigger point injections that were administered on 11/01/2013 and refills of medications. Utilization review denied the request on 12/05/2013. Treatment reports from 07/09/2013 through 11/01/2013 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 11/1/13) FOR TRIGGER POINT INJECTIONS: 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 chronic pain, regarding trigger point injections Page(s): 122.

Decision rationale: This patient presents with bilateral knee, right shoulder, and low back pain. This is a retrospective request for trigger point injections that were administered on 11/01/2013. Report 11/01/2013 indicates the patient has received the trigger point injection "2 weeks ago" which provided 75% pain relief. Given the patient's pain relief, the treating physician administered a repeat injection on 11/01/2013. Operative report indicates that the patient reported "good pain relief of greater than 50% and increased range of motion a few minutes later." The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, only 2 weeks of pain relief was noted with the initial injection. MTUS considers repeat injections when 50% of relief is obtained for at least 6 weeks. The retrospective request for the repeat injection administered on 11/1/13 is not medically necessary and appropriate.

DISPENSING NORCO #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIS FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with bilateral knee, right shoulder, and low back pain. The treating physician is requesting a refill of Norco 10/325 mg #60. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The treating physician indicates that the patient has cut back significantly on Norco intake as Ultram has been allowing him to function throughout the day. Although the treating physician discusses efficacy of Ultram, there was no discussion as to what Norco is doing for this patient. The treating physician states that "Ultram is working well for this patient, increasing his function and significantly cutting back on his Norco requirement." It is unclear

why the treating physician is requesting a refill of Norco when Ultram is providing significant pain relief and allowing him to function. The treating physician provides urine drug screens to monitor for compliance, but no specific discussion regarding pain relief or functional improvement with Norco. Given the lack of sufficient documentation for opiate management, the request is not medically necessary and appropriate.

ULTRAM ER 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIS FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with bilateral knee, right shoulder, and low back pain. The treating physician is requesting a refill of Norco 10/325 mg #60. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The treating physician is requesting a refill of Ultram ER 150 #60. Review of the medical file indicates the patient has been taking this medication since at least 09/04/2013. Treating physician continually notes that Ultram ER helps the patient function throughout the day and decreases his pain. The treating physician provides a urine drug screen and discusses possible side effects with medications. However, there are no pain scales to denote decrease in pain and only generic statements of improvement of function. There are no specific changes of functional improvement, ADLs, or quality of life changes. Given the lack of sufficient documentation of opiate management, the request is not medically necessary and appropriate.

ANAPROX DS 550 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with bilateral knee, right shoulder, and low back pain. The treating physician is requesting Anaprox DS 550 mg #60. Utilization review denied the request stating, "No objective evidence of functional benefit has been shown with [REDACTED] use of this NSAID." For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatory are the first line of treatment to reduce pain, so activity and functional restoration can resume. The long-term use may not be warranted." Review of the medical file indicates the patient has been prescribed this medication since at least 09/04/2013. The treating

physician in his report 11/01/2013 notes that the patient is relying on Anaprox to help him function throughout the day. In this case, given the patient's continued pain and treating physician's statement of efficacy, the request is medically necessary and appropriate.

PRILOSEC 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with bilateral knee, right shoulder, and low back pain. The treating physician is requesting a refill of Prilosec 20 mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been concurrently taking Anaprox and Prilosec since at least 09/04/2013. The patient has been utilizing NSAID on a long-term basis and according to progress report 11/01/2013 the patient has medication-induced gastritis. The requested Prilosec is medically necessary and appropriate.

TOPAMAX 25 MG #120: 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 Topiramate (Topamax) MTUS Guidelines regarding antiepileptic drugs for chronic pain Page(s): 16.

Decision rationale: This patient presents with bilateral knee, right shoulder, and low back pain. The treating physician is requesting a refill of Topamax 25 mg #120. According to MTUS Guidelines page 21, "Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." The treating physician states that "Topamax is an excellent anti-neuropathic pain medication with mild anorexic property, which has helped the patient lose about 15 pounds since his last visit." In this case, continuation of this medication cannot be supported as the treating physician provides no discussion of this medication's efficacy in terms of pain assessment or functional changes. The treating physician states that Topamax is an "excellent anti-neuropathic pain medication" but does not document any neuropathic pain for which this

medication would be indicated. The patient presents with axial back pain and musculoskeletal pain of the shoulder and knee only. The request is not medically necessary and appropriate.