

Case Number:	CM13-0071583		
Date Assigned:	01/08/2014	Date of Injury:	01/14/2005
Decision Date:	08/12/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/27/2013

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 Tennessee. 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 52-year-old female who has filed a claim for cervical disc displacement associated with an industrial injury date of January 14, 2005. Review of progress notes indicates low back pain radiating to the bilateral lower extremities, and neck pain radiating to the bilateral upper extremities. Patient also complains of left shoulder pain with stiffness. Findings include decreased cervical range of motion, tenderness of the cervical facets, myofascial pain with triggering, positive Spurling's test on the left, positive maximal foraminal compression, and decreased sensation along the left C6 and C8 dermatomes. There is tenderness, decreased left shoulder range of motion with pain, and positive impingement sign. Regarding the low back, findings include decreased motor strength of the left lower extremity due to pain, positive pelvic thrust and Patrick's maneuver on the left, decreased sensation of the L3-5 dermatomes on the right, and positive straight leg raise test bilaterally. Lumbar MRI dated May 03, 2013 showed diffuse disc desiccation, L4-5 posterior disc protrusion, and facet disease at the left L4-5 and bilateral L5-S1. Left shoulder MRI dated May 02, 2013 showed infraspinatus tendinopathy with subchondral cyst at the humeral head, trace fluid in the subacromial bursa, and evidence of prior surgery. Cervical MRI dated May 01, 2013 showed left lateral disc protrusion at C6-7 resulting in mild-moderate neuroforaminal stenosis. Treatment to date has included NSAIDs, opioids, anti-depressants, muscle relaxants, epidural injections to the lumbar and cervical spine, surgeries to the shoulder (unspecified, in 2006 and 2007), surgeries to the arm (unspecified, in 2008 and 2009), and unspecified back surgery in 2010. Utilization review from December 23, 2013 denied the requests for trigger point injections for the lumbar and cervical spine as there was evidence of radicular pain and no clear documentation of a twitch response; omeprazole 20mg #30 with 3 refills as the patient is not at risk for GI events; Docusate 250mg #60 with 3 refills as the patient will no longer be placed on opioids; and ibuprofen 800mg #90 with 3 refills as there was no

documentation of benefit with use. There is modified certification for nortriptyline 25mg for #30; and baclofen 10mg #120 for #36 as this medication is not recommended for prolonged use, and thus a tapering process has been initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Trigger Point Injection for the Lumbar and Cervical Spine: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In this case, the documentation does not clearly describe the myofascial pain in the cervical region, and there is no documentation of trigger points in the lumbar region. In addition, the patient's condition is consistent with cervical and lumbar radiculopathy. Therefore, the request is not medically necessary.

Omeprazole (20mg, #30 with three (3) refills): Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since October 2012. However, there is no documentation regarding the above-mentioned risk factors in this patient. Therefore, the request is not medically necessary.

Docusate (250mg, #60 with three (3) refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation FDA (Docusate).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and for prevention of dry, hard stools. The patient has been on this medication since September 2012. The patient is still currently on opioid therapy with oxycodone 20mg one tablet five times a day, and prophylactic management of constipation is recommended. However, additional refills are not necessary unless there is evidence of continued opioid use. Therefore, the request is not medically necessary.

Nortriptyline (25mg, #30 with three (3) refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, tricyclics are considered first-line agents for neuropathic pain, especially when accompanied by insomnia, anxiety, or depression. It is also a possibility for non-neuropathic pain, as an option in depressed patients. Patient has been on this medication since October 2012. However, there has been no documentation of symptomatic or functional benefit with this medication. Therefore, the request is not medically necessary.

Baclofen (10mg, #120 with three (3) refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since September 2012. There is no documentation regarding recent acute exacerbations of pain. In

addition, this medication is not recommended for chronic use. Therefore, the request is not medically necessary.

Ibuprofen (800mg, #90 with three (3) refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since October 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. There is no rationale for the continued use of this medication. Therefore, the request is not medically necessary.