MAXIMUS Federal Services

Case Number:	CM14-0008843		
Date Assigned:	02/14/2014	Date of Injury:	04/22/2010
Decision Date:	08/04/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 51-year-old male who has filed a claim for myofascial pain syndrome associated with an industrial injury date of April 22, 2010. A review of the progress notes indicates increased pain in the bilateral trapezius muscles with no significant numbness of the arms; and low back pain with some numbness of the legs. Findings include positive straight leg raise test bilaterally, decreased sensation of bilateral feet, decreased range of motion of the lumbar spine, tenderness over the thoracic region, and bilateral trigger points. An ultrasound guided injection report dated December 17, 2013 showed classic twitch response in the bilateral trapezius muscles. A psychological report from January 2014 indicates that the patient drinks vodka throughout the day, around 6-7 drinks per day, starting late morning. If the patient wakes up during the night, then he takes another glass of vodka to fall asleep. Treatment to date has included NSAIDs, Gabapentin, muscle relaxants, trigger point injections to the trapezius, cervical epidural steroid injection, triptans, physical therapy, cervical facet injections, chiropractic therapy, opioids, sedatives, antidepressants, and acupuncture. A utilization review from December 23, 2013 denied the requests for trigger point injections x 4 bilateral traps as there is no documentation of myofascial trigger points; urine drug screen as there was no documentation of treatment with opioids, aberrant behavior, or illicit drug use; naproxen 550mg #180 x 2 refills as there was no documentation of efficacy; Lunesta 2mg #30 x 2 refills as there was no documentation regarding a sleep disorder, or modification of sleep habits; and omeprazole 20mg #30 x 2 refills as there was no documentation of dyspepsia, GERD, or gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS X4 BILATERAL TRAPS: Overturned

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 MTUS Chronic Pain 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. The patient has had previous trigger point injections to the trapezius muscles, the latest one providing improvement of more than 50% lasting more than 6 weeks. There was documentation of trigger points on examination with evidence of a twitch response, absence or cervical radiculopathy, and use of several medications with persistence of trigger points. Therefore, the request is medically necessary.

URINE DRUG SCREEN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, On-Going Management Page(s): 78. Decision based on Non-MTUS Citation ODG.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Guidelines, urine drug screens are recommended as an option to assess the orderly use or presence of illegal drugs and as ongoing management for continued opioid use. In this case, the requesting physician notes that a urine drug screen is necessary as there was a history of narcotic use. Also, urine drug screen from August 2013 was positive for THC, and a recent psychological report indicates that the patient suffers from major depression with alcohol abuse. Although the patient is not on opioid therapy, these factors combined with chronic pain symptoms may increase the likelihood of illegal drug use or aberrant pattern of medication use. Therefore, the request is medically necessary.

NAPROXEN 550 MG #160 X 2 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 on pages 67-69 of the MTUS Chronic Pain 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. The patient has been on this medication since at least July 2013 with no documentation regarding objective functional benefits derived from this medication. Additional information is necessary at this time to support the continued use of this medication. Therefore, the request is not medically necessary and appropriate.

LUNESTA 2 MG #30 X 2 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: The ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency. The patient has been on this medication since December 2013. The requesting physician notes that this medication is indicated to help the patient achieve better sleep. However, a psychological report dated January 23, 2014 states that the patient suffers from major depression with alcohol abuse. This does not reflect derived benefit from Lunesta. Also, this medication has a potential for abuse and dependency, for which the patient may be at an increased risk for, with serious side effects when taken with a significant amount of alcohol. Therefore, the request for Lunesta 2mg #30 x 2 refills is not medically necessary.

OMEPRAZOLE 20 MG #30 X 2 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 page 68 of MTUS Chronic Pain Guidelines, proton pump inhibitors should be prescribed 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 July 2013, due to gastric reflux with intake of NSAIDs. Reports indicate since taking omeprazole, the GERD has been well controlled. However, the request for naproxen is not

authorized at this time. Therefore, the request for omeprazole 20mg #30 x 2 refills is not medically necessary.