

Case Number:	CM14-0014529		
Date Assigned:	06/11/2014	Date of Injury:	04/22/1996
Decision Date:	07/23/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation, 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:

This 58 year-old patient sustained an injury on 4/22/1996 while employed by [REDACTED]. The request(s) under consideration include 1 prescription of Norco 10/325mg #120 with 1 refill, 1 prescription of viibryd 40mg #30 with one refill, and 1 trigger point injection (cervical paravertebral). The diagnoses included low back pain, sacroiliac pain, cervical pain/disc disorder, and lumbar spinal degenerative disc disease. The patient is status post c5-7 discectomy and fusion in 1998 with hardware removal in 1999. Conservative care has included medications, physical therapy, and lumbar epidural steroid injections, cervical facet blocks, cervical radiofrequency neurotomy, and rest. The patient remains p&s. A report of 1/16/14 from the provider note chronic persistent symptom complaints with pain in the neck, low back, and sacroiliac. An exam noted cervical spine with restricted range of motion with pain, flexion is normal, trigger point with radiating pain and twitch response on palpation of paraspinal muscles bilaterally; muscle cramps; positive numbness and tingling; motor testing limited by pain with diminished lower extremity deters bilaterally. Medications list flexeril, avinza, norco, cymbalta, ambien, viibryd, neurontin and elavil. Request(s) for 1 prescription of norco 10/325mg #120 with 1 refill was modified for quantity of #90 and the 1 prescription of viibryd 40mg #30 with one refill and 1 trigger point injection (cervical paravertebral) were not medically necessary on 1/30/14 citing guidelines criteria and need of medical necessity. The goal of tpi's is to facilitate progress in pt and ultimately to support patient success in a program of home stretching exercise which have not been demonstrated in this case. There is no documented failure of previous therapy treatment. The California MTUS chronic pain treatment guidelines, criteria for treatment request include documented clear clinical deficits impairing functional adls; however, in regards to this patient, exam findings identified intact neurological exam of the upper extremities. Medical necessity for trigger point injections has not been established and does not

meet guidelines criteria. The 1 trigger point injection (cervical paravertebral) is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #120 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 58 year-old patient sustained an injury on 4/22/1996 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Norco 10/325mg #120 with 1 refill, 1 prescription of viibryd 40mg #30 with one refill, and 1 trigger point injection (cervical paravertebral). Diagnoses included low back pain, sacroiliac pain, cervical pain/disc disorder, and lumbar spinal degenerative disc disease. The patient is status post c5-7 discectomy and fusion in 1998 with hardware removal in 1999. Conservative care has included medications, physical therapy, and lumbar epidural steroid injections, cervical facet blocks, cervical radiofrequency neurotomy, and rest. The patient remains p&s. A report of 1/16/14 from the provider note chronic persistent symptom complaints with pain in the neck, low back, and sacroiliac. An exam noted cervical spine with restricted range of motion with pain, flexion is normal, trigger point with radiating pain and twitch response on palpation of paraspinal muscles bilaterally; muscle cramps; positive numbness and tingling; motor testing limited by pain with diminished lower extremity dtrs bilaterally. Medications list flexeril, avinza, norco, cymbalta, ambien, viibryd, neurontin and elavil. Request(s) for 1 prescription of Norco 10/325mg #120 with 1 refill was modified for quantity of #90 and the 1 prescription of viibryd 40mg #30 with one refill and 1 trigger point injection (cervical paravertebral) were non-certified on 1/30/14 citing guidelines criteria and lack of medical necessity. The California MTUS guidelines cited opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The California MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The one prescription of Norco 10/325mg #120 with 1 refill is not medically necessary and appropriate.

1 PRESCRIPTION OF VIIBRYD 40MG #30 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Anti-depressants Page(s): 13-16.

Decision rationale: with 1 refill, 1 prescription of viibryd 40mg #30 with one refill, and 1 trigger point injection (cervical paravertebral). Diagnoses included low back pain, sacroiliac pain, cervical pain/disc disorder, and lumbar spinal degenerative disc disease. The patient is status post c5-7 discectomy and fusion in 1998 with hardware removal in 1999. Conservative care has included medications, physical therapy, and lumbar epidural steroid injections, cervical facet blocks, cervical radiofrequency neurotomy, and rest. The patient remains p&s. A report of 1/16/14 from the provider note chronic persistent symptom complaints with pain in the neck, low back, and sacroiliac. An exam noted cervical spine with restricted range of motion with pain, flexion is normal, trigger point with radiating pain and twitch response on palpation of paraspinal muscles bilaterally; muscle cramps; positive numbness and tingling; motor testing limited by pain with diminished lower extremity dtrs bilaterally. Medications list include flexeril, avinza, Norco, cymbalta, ambien, viibryd, neurontin and elavil. Request(s) for 1 prescription of norco 10/325mg #120 with 1 refill was modified for quantity of #90 and the 1 prescription of viibryd 40mg #30 with one refill and 1 trigger point injection (cervical paravertebral) were not medically necessary on 1/30/14 citing guidelines criteria and need of medical necessity. The California MTUS and Official Disability Guidelines do not recommend viibryd, a selective serotonin and NE uptake inhibitor as the first-line anti-depressant. SSRIs/SNRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be only slightly more effective than placebo for the relief of pain. SSRIs/SNRIs do not appear to be beneficial and tolerance may develop with rebound insomnia found even after discontinuation. Submitted reports have not adequately demonstrated functional benefit from continued treatment rendered for this chronic injury of 1996 without any report for new acute injury, flare-up, or red-flag conditions. Viibryd is not medically necessary and appropriate.

1 TRIGGER POINT INJECTION (CERVICAL PARAVERTEBRAL): Upheld

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

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

Decision rationale: This 58 year-old patient sustained an injury on 4/22/1996 while employed by [REDACTED]. The request(s) under consideration include 1 prescription of Norco 10/325mg #120 with 1 refill, 1 prescription of viibryd 40mg #30 with one refill, and 1 trigger point injection (cervical paravertebral). The diagnoses included low back pain, sacroiliac pain,

cervical pain/disc disorder, and lumbar spinal degenerative disc disease. The patient is status post c5-7 discectomy and fusion in 1998 with hardware removal in 1999. Conservative care has included medications, physical therapy, and lumbar epidural steroid injections, cervical facet blocks, cervical radiofrequency neurotomy, and rest. The patient remains p&s. A report of 1/16/14 from the provider note chronic persistent symptom complaints with pain in the neck, low back, and sacroiliac. An exam noted cervical spine with restricted range of motion with pain, flexion is normal, trigger point with radiating pain and twitch response on palpation of paraspinal muscles bilaterally; muscle cramps; positive numbness and tingling; motor testing limited by pain with diminished lower extremity deters bilaterally. Medications list flexeril, avinza, norco, cymbalta, ambien, viibryd, neurontin and elavil. Request(s) for 1 prescription of norco 10/325mg #120 with 1 refill was modified for quantity of #90 and the 1 prescription of viibryd 40mg #30 with one refill and 1 trigger point injection (cervical paravertebral) were not medically necessary on 1/30/14 citing guidelines criteria and need of medical necessity. The goal of tpi's is to facilitate progress in pt and ultimately to support patient success in a program of home stretching exercise which have not been demonstrated in this case. There is no documented failure of previous therapy treatment. The California MTUS chronic pain treatment guidelines, criteria for treatment request include documented clear clinical deficits impairing functional adls; however, in regards to this patient, exam findings identified intact neurological exam of the upper extremities. Medical necessity for trigger point injections has not been established and does not meet guidelines criteria. The 1 trigger point injection (cervical paravertebral) is not medically necessary and appropriate.