

Case Number:	CM14-0019098		
Date Assigned:	04/23/2014	Date of Injury:	05/07/2001
Decision Date:	07/07/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational Medicine 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 47 year-old female who has filed a claim for lumbar radiculopathy associated with an industrial injury date of May 07, 2001. Review of progress notes low back pain radiating to bilateral lower extremities. Findings include tenderness of the lumbar region with decreased range of motion. There is positive straight leg raise test bilaterally, more on the right. Presence of tender trigger points was also noted. Patient notes that episodes of overflow urinary incontinence started to develop after the second lumbar surgery of October 05, 2011. Prior to this, patient already had some degree of stress incontinence. Lumbar CT myelogram performed in August 2011 showed post-fusion and laminectomy changes, and severe degenerative changes at L3-4 with disc protrusion and bilateral neuroforaminal narrowing. Abdominal ultrasound dated April 11, 2013 showed moderate hydronephrosis of the left kidney. Cystoscopy from May 2013 showed a hypermobile bladder neck with positive stress urinary incontinence. Urodynamic studies showed no evidence of neurogenic bladder. Treatment to date has included opioids, muscle relaxant, Effexor, Klonopin, Topamax, Wellbutrin, Ambien, gabapentin, Dendracin topical cream, glucosamine, Restoril, physical therapy, chiropractic therapy, spinal cord stimulator, lumbar epidural injection, and surgeries to the lumbar spine. Utilization review from February 04, 2014 denied the retrospective requests for trigger point injections (01/22/14) as trigger point injections have repeatedly failed to produce any significant benefit, and for urine drug screen (01/22/14) as a urine drug screen was performed in August with no abnormal results. Same utilization review denied prospective requests for Fexmid as there has been no significant benefit with its use, and long-term use is not recommended; comprehensive metabolic panel as there is no evidence that the patient has no primary care physician who performs this test routinely; and urology referral as a urology report dated May 01, 2013 refuted the presence of neurogenic bladder in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TRIGGER POINT INJECTION DOS: 1/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF TRIGGER POINT INJECTIONS Page(s): 122.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) 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. Patient has had previous trigger point injections in March 2013. There is no documentation regarding the amount and duration of pain relief gained from these injections. Also, the body part to which these trigger point injections are directed to is not indicated. Therefore, the retrospective request for trigger point injections (01/22/14) was not medically necessary per the guideline recommendations of CA MTUS.

FEXMID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN.

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

Decision rationale: As stated in California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Patient has been on this medication since May 2013. There is note that this medication has helped with muscle spasms, but this medication is not recommended for long-term use. There is currently no documentation of acute exacerbation of low back pain. Also, the requested quantity is not specified. Therefore, the request for Fexmid was not medically necessary per the guideline recommendations of CA MTUS.

COMPREHENSIVE METABOLIC PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. The requesting physician notes that this is necessary to monitor kidney and liver enzymes due to chronic opiate use. However, this patient does not have underlying renal or hepatic conditions or symptoms to support the need for this diagnostic procedure. Therefore, the request for comprehensive metabolic panel was not medically necessary.

RETROSPECTIVE UDS (URINE DRUG SCREEN) DOS: 1/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- ON GOING MANAGEMENT Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated in page 78 of the California MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Patient had a urine drug screen in August 2013, which was negative for all compounds. There is no indication to suspect medication non-compliance or aberrant drug behaviors in this patient. Therefore, the retrospective request for urine drug screen (01/22/14) was not medically necessary.

UROLOGY REFERRAL: Overturned

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 pages 127 and 156 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition independent Medical Examinations and Consultations Guidelines.

Decision rationale: As stated on pages 127 and 156 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition independent Medical Examinations and

Consultations Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A urology report dated May 01, 2013 with cystoscopy and urodynamic studies showed no evidence of neurogenic bladder. There was some degree of stress incontinence as reported by the patient even before the date of injury, probably due to being slightly overweight and having multiple children. However, there may be worsening of the stress incontinence due to S1 nerve dysfunction. In this case, a urology referral is necessary for further diagnostic and management of worsening stress incontinence in this patient. Therefore, the request for urology referral was medically necessary per the guideline recommendations of CA ACOEM.