

Case Number:	CM14-0132833		
Date Assigned:	08/22/2014	Date of Injury:	10/13/2013
Decision Date:	10/08/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Medicine and is licensed to practice in Arizona. 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 32 year old male with a date of injury on 10/13/2013. Diagnoses are of pain in upper arm joint, long-term use of medications and myalgia/myositis. Subjective complaints are of stabbing left shoulder pain that is severe without regular treatment. Pain was partially relieved with analgesics and injections. Shoulder pain radiated to the hand with tingling in the fingers. Medications include MS Contin, Gabapentin, Norco, Voltaren, and Omeprazole. Records indicate that the patient has taken Norco for years and it has become less effective, but still is providing partial pain relief. Physical exam shows tenderness in the left shoulder area, with radiation of pain with deep palpation, palpable taut muscle bands, reduced range of motion, and decreased muscle strength in the left biceps. In office urine drug screen was consistent on 7/23/14 visit. Plan was for an immediate medication detoxification program consisting of Suboxone, acupuncture, trigger point injections, urine drug screening, and monitoring. Plan also included left shoulder MRI, upper extremity EMG and possible nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Immediate 5-day in-office medication detoxification program X5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Detoxification

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

Decision rationale: The ODG states that detoxification is most commonly recommended when there is evidence of substance dependence or abuse, evidence that medication is not working, or evidence of excessive complications related to use. While the main indication as related to substance-related disorders is evidence of aberrant drug behaviors, other indications for detoxification have been suggested. These include the following: (1) Intolerable side effects; (2) Lack of response to current pain medication treatment (particularly when there is evidence of increasingly escalating doses of substances known for dependence); (3) Evidence of hyperalgesia; (4) Lack of functional improvement; and/or (5) Refractory comorbid psychiatric illness. For this patient, submitted documentation indicates no history of abuse, and that there were not intolerable side effects and that the medication was partially effective. Furthermore, records indicate that a long acting opioid was to be added to the current regimen, and that further investigations of a MRI and EMG were needed evaluate worsening symptoms. Therefore, use of an immediate detoxification program is not consistent with guideline recommendations, and the medical necessity is not established at this time.

In-Office Urine Drug Screen to be done day 1 and day 5 of detoxification program X2:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 94-95.

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

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and there has been documentation of recent previous drug screens. Therefore, the medical necessity of additional urine drug screens is not established at this time.

Trigger Point Injections to be given during detoxification program days 1, 3 and 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

Decision rationale: CA MTUS guidelines recommends trigger point injections for myofascial pain when trigger points are identified, symptoms have persisted for more than 3 months, and conservative treatments have failed including NSAIDS and muscle relaxants. Further criteria include no evidence of radiculopathy, and frequency of injections should not be greater than two months. Repeat injections are not recommended unless greater than 50% pain relief is obtained for six weeks and there is documented functional improvement. For this patient, trigger point injections are requested for every other day for a total of three injection sessions. This request for trigger point injections is not consistent with guidelines that recommend assessment of pain relief and functional improvement for 6 weeks before repeat injections are given. Furthermore, patient has symptoms of radiculopathy. Therefore, the medical necessity for 3 trigger point injections is not established.