

<b>Case Number:</b>	CM14-0161466		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/09/2001
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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, has a subspecialty in Pain 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 63 year old female who sustained an industrial injury on 1/9/2001. She was injured after bending over to carry a box. A prior peer review on 5/6/2014 modified the request for Methadone 10mg every 8 hours to allow for one month, for purpose of continued weaning. The request for Neurontin 200mg three times a day was certified. The request for urine drug screen four times per week was modified to allow urine drug screen x 1. A prior peer review 8/26/2014 non-certified the requests for lumbar spine MRI, trigger point injections, Methadone 10mg TID, Neurontin 200mg three times daily, and urine drug screen for medication management four times a year. The medical necessity of the requests was not established. According to the 4/28/2014 UDS (urine drug screen) report, the patient's sample collected on 4/24/2014 tested positive for Methadone and Gabapentin, which is consistent with prescribed medications. The office visit report dated 8/14/2014 documents the patient presents for follow-up for with chronic low back pain and leg pain. She was last seen on 5/15/2014. She reports the lower back pain radiates into the right leg. She denies weakness or numbness. She was on as high as Methadone 100mg daily, however has been tapered down over time and is currently on 25mg daily (down from 45 mg last visit). She is doing well with medication switch, however, continues to have radiation of her pain and episodes of worsening pain. She also reports new onset of neck pain on her right side, no radiation. She states she had similar pain in the past, treated with muscle relaxants. Pain is rated 8/10. Upon physical examination, there is normal strength, tone and gait, TTP (Tender to Palpation) with increased muscle tension of left neck and shoulder, and TTP lower back midline and paraspinal muscles L4/L5. Diagnoses are sciatica, lumbosacral disc disease, neck pain. Treatment plan is to continue methadone 10mg BID, increase Neurontin 100mg in afternoon, 400mg QHS (bedtime), start Tizanidine 2mg TID PRN (as needed), recommend trigger point injections for neck pain, and physical therapy. She has not

had PT in several years. Repeat MRI is also recommended to determine increasing pathology of DDD (degenerative disc disease). A procedure note dated 8/28/2014 documents trigger point injections to 5 muscle groups were administered.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar spine MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging)

**Decision rationale:** According to the CA MTUS guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and who surgery is considered an option. A repeat lumbar spine MRI is requested. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). Review of the medical records does not reveal any significant change in the patient's symptoms or findings to suggest significant pathology is present. The patient has no neurological deficits on examination. The request for lumbar MRI is not supported by the guidelines, and is not medically necessary.

#### **Trigger point injections: 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:** According to the CA MTUS guidelines, trigger point injection is recommended only for myofascial pain syndrome when particular criteria are met, and these injections have limited lasting value. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when several criteria have been met, which include: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The 8/14/2014 progress report documents trigger point injections are requested for the new onset of neck pain that is likely secondary to muscle strain/spasm. The medical records do not

document the presence of trigger points on examination. In addition, the documentation does not support the symptoms have persisted for more than 3 months. Furthermore, the documentation also does not support that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have been tried, and failed to control pain. The request for trigger point injections is not supported by the guidelines, the medical necessity of the request is not established.

**Methadone 10mg, TID (3 times a day): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Methadone Page(s): 61-62.

**Decision rationale:** According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. This product is FDA-approved for detoxification and maintenance of narcotic addiction. In the case of this patient, the prior peer review on 5/6/2014 modified the request to allow Methadone 10 mg every 8 hours for one month, for purpose of continued weaning. The 5/15/2014 reported the patient's 4/28/2014 UDS was consistent for Methadone. Continued weaning is appropriate and supported by the guidelines. Given these factors, the medical necessity of Methadone 10mg TID to allow 1 month supply, is established under the guidelines. The request is medically necessary.

**Neurontin 200mg, three times daily: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The guidelines state gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The prior peer reviews have certified the requests for Neurontin. The patient has been on Neurontin for several months. She continues complaint of low back pain with radiation to the right lower extremity. Pain is rated 8/10. There does not appear to be any subjective report nor have correlative clinical objective findings to support use of Neurontin provided functional benefit. In absence of documentation of improvement with Neurontin, continued Neurontin is not recommended, and is not supported by the guidelines. The request is not medically necessary.

**Urine drug screen for medication management four times a year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

**Decision rationale:** Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In the case of the patient, the medical records document the patient has undergone urine drug screen, and the 4/28/2014 toxicology report was positive for Methadone and Gabapentin, which is consistent with the prescribed medications. The results of the study have not indicated any issues with her medication usage. At this time, Neurontin is not recommended and the patient is continuing to wean from Methadone. In addition, the treating physician has not documented any aberrant or suspicious drug seeking behavior. Based on this and absence of support within the evidence based guidelines, it does not appear that the request for urine drug screens is medically necessary at this time.