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| Case Number: | CM14-0027420 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 10/31/2006 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 and Washington. 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 injured worker is a 55-year-old female with a reported date of injury on 10/01/2006. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include history of thoracic outlet syndrome with skeletization of the brachial plexus with decompressions of the upper extremities and ongoing thoracic outlet complaints, constant daily headaches with migraine and cervicogenic component with underlying severe cervical spondylitic change, facet arthrosis, disc herniation at C6-7, and fibromyalgia. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 02/06/2014 revealed the injured worker complained of severe neck pain and headache. The injured worker revealed the paraspinal blocks that she had been given for possible facet mediated pain were very helpful. She got good relief for several hours. The injured worker revealed the headache was back with a vengeance and that she was off all pain medications. The injured worker indicated she was going out of her mind with pain and rated her neck and headache at 9/10. The physical examination revealed her neck and right shoulder were basically unchanged from the previous visit. The progress note dated 05/07/2014 revealed the injured worker continues to suffer from constant daily headaches at the base of her skull radiating behind her eyes with photosensitivity. The injured worker reported constant neck pain and tension. The injured worker had been using tramadol occasionally for pain and alternated with Fiorinal for headache rescue as well as Relpax tablets. The injured worker utilized Xanax at night for anxiety related to her industrial injury. The injured worker rated her headache at a 7/10 and 10/10 without medications. The neck pain was rated 7/10 and 10/10 without her medications. She reported 50% functional improvement with the medications versus not taking them at all and 50% reduction in her pain throughout the day with the medications. The physical examination revealed limited range of motion to the neck as the injured worker was able to rotate right to the

left 50 degrees, flexion to extension 10 degrees. The cervical compression caused right-sided neck pain but did not radiate. Palpation revealed muscle spasms across the cervical paraspinal musculature with loss of cervical lordotic curvature, secondary to intrinsic muscle spasms. The motor strength, sensation, and deep tendon reflexes were grossly intact at the upper extremities. Her medications were noted to include tramadol 50 mg 2 every 6 hours as needed for pain, Relpax 40 mg 1 twice a day as needed for headache, Xanax 1 mg at bedtime for anxiety related to industrial injury, Fiorinal capsules 1 to 2 every 4 to 6 hours as needed for headache rescue. The provider indicated the injured worker reported she was just as functional with a lower dose of narcotic and reported 50% reduction in her pain with medications and 50% functional improvement with the medications. The injured worker is under a narcotic contract and urine drug screen have been appropriate. On 02/05/2014, the injured worker received a deep trigger point injection in both the right and left cervical mid paraspinal musculature and reported significant relief by at least 80% following the injections. The Request for Authorization Form dated 02/07/2014 was for tramadol 50 mg #120 and Xanax 1 mg #30; however, the provider's rationale is not submitted within the medical records. The prospective request for 1 trigger point injection between 02/05/2014 and 02/05/2014 and 1 medial branch block under fluoroscopic guidance between 02/05/2014 and 03/13/2014; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST: ONE (1) TRIGGER POINT INJECTION BETWEEN 2/5/2014 AND 2/5/214: 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: The prospective request for 1 trigger point injection is not medically necessary. The injured worker received a trigger point injection on 02/05/2014 with 80% pain reduction. California Chronic Pain Medical Treatment Guidelines recommend trigger point injection for myofascial pain syndrome with limited lasting value. The guidelines do not recommend trigger point injections for radicular pain. The guidelines do not recommend trigger point injections for typical back pain or neck pain. The guidelines criteria for the use of trigger point injections is with documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control the pain. The guidelines also state radiculopathy is not present (by examination, imaging, or neuro testing), no more than 3 to 4 injections per session, no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The documentation provided reported muscle spasm in the cervical spine; however, there was no evidence during the examination of a twitch response as well as referred pain. Therefore, based

on the recommendations of the guidelines regarding criteria for the use of trigger point injections, the request for trigger point injections is not warranted. Therefore, the request is not medically necessary.

PROSPECTIVE REQUEST: ONE (1) PRESCRIPTION OF TRAMADOL 50 MG. #120 BETWEEN 2/5/2014 AND 4/13/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): page 78.

Decision rationale: The prospective request for one prescription of Tramadol 50mg #120 is not medically necessary. The injured worker has been utilizing this medication since 02/05/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated tramadol was helpful and she reported at least 50% functional improvement with taking medications versus not taking them at all. There is a lack of documentation regarding side effects and though the provider indicated urine drug screens have been appropriate, there is a lack of documentation when the last urine drug screen was performed. The injured worker reported at least 50% functional improvement with taking the medications. Therefore, despite evidence of significant pain relief, increased function status, due to a lack of documentation regarding side effects and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior. The ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication has been utilized. As such, the request is not medically necessary.

PROSPECTIVE REQUEST: ONE (1) PRESCRIPTION OF XANAX 1MG. # 30 BETWEEN 2/5/2014 AND 4/13/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24..

Decision rationale: The prospective request for 1 prescription of Xanax 1 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 07/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are

the treatment of choice in very few conditions. Tolerance to hypnotic effects usually develops rapidly. Tolerance to anxiolytics effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker indicated she occasionally takes Xanax at night for neck tension. The injured worker has been utilizing this medication for over 6 months and the guidelines recommend 4 weeks to use this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

PROSPECTIVE REQUEST: ONE (1) MEDIAL BRANCH BLOCK UNDER FLUOROSCOPIC GUIDANCE BETWEEN 2/5/2014 AND 4/13/2014: 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 Official Disability Guidelines (ODG), Neck, Facet joint diagnostic blocks.

Decision rationale: The prospective request for 1 medial branch block under fluoroscopic guidance is not medically necessary. The injured worker indicated the pain clinic wanted authorization for some median branch blocks of the facets. The Official Disability Guidelines recommend prior to facet neurotomy to do a facet joint diagnostic block. Diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The guidelines criteria for use of a diagnostic block for facet nerve pain is 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. The pain response should be approximately 2 hours for Lidocaine. The guidelines state it is limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. There should be no more than 2 joint levels injected in 1 session. The lack of documentation regarding the levels the block is being requested for is needed to determine clinical necessity. Therefore, the request is not medically necessary.