

Case Number:	CM14-0031006		
Date Assigned:	06/20/2014	Date of Injury:	12/14/1990
Decision Date:	09/10/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgeon and is licensed to practice in Texas and Colorado. 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 40-year-old female who reported an injury on 12/14/1990. The documentation indicated the injured worker had been utilizing Ambien, MS Contin, and opiates since at least 05/2013. The documentation of 02/18/2014 revealed the injured worker had low back and bilateral lower extremity pain. The mechanism of injury was not provided. The documentation indicated the injured worker had taken Percocet 4 times a day and the withdrawal of it, the physician opined, may place the injured worker in the emergency room. It was indicated with Ambien CR the injured worker managed 6-7 hours of sleep. The Ambien non-controlled release version did not allow sleep at 6-7 hours, it allowed 3 hours maximum. It was noted the injured worker could not utilize Percocet at night because it caused nightmares. It was indicated MS Contin was required for functionality and accomplishment of activities of daily living. It was indicated the injured worker was working full time at a demanding job and could not accomplish her tasks without the current regimen. The injured worker had persistent recurrent sciatica without the use of Percocet. The injured worker was noted to use muscle relaxants on an as needed basis and could not take NSAIDs, as she had anaphylaxis. The injured worker was noted to be attending physical therapy with improvement and a TENS unit with benefit. It was indicated the TENS unit allowed a reduction of pain medications from 8 to 3-4 Percocet, and morphine from 3 times a day to twice a day. It was further documented that orphenadrine and Flexeril caused GI distress. There were no aberrant drug behaviors or side effects. It was indicated the current medications included MS Contin 15 mg tablets one twice a day, Percocet 10/325 mg tablets 5 per day, baclofen 10 mg as needed twice a day, fluticasone propionate 50 mcg sprays per mcg actuation from another physician, and Zolof 100 mg tablets 1.5 daily. Diagnoses included lumbago, sciatica, and drug dependence not otherwise specified. Treatment plan included a retro authorization for a right piriformis urgently done to avoid trip to

ER, consideration of a lumbar MRI if no relief, continue Percocet 10/325 mg, Ambien CR 10 mg one at bedtime to replace Ambien 10 mg that was ineffective, continuation of baclofen 10 mg as needed, appeal the denial of medications, request a radiofrequency right L4 and L5 as pain had increased and it was indicated the injured worker could not participate in physical therapy, a continuation of a TENS unit and the injured worker needed TENS unit pads. It was indicated the injured worker was heavily dependent on TENS unit for activities of daily living, consideration of trigger points or greater occipital nerve blocks as needed as the injured worker was working full time. The physical examination revealed the injured worker had paravertebral muscle tenderness and tight muscle band bilaterally. Internal rotation of the femur resulted in deep buttock pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Ambien 10mg, #30 with 3 refills: 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 (Chronic) Chapter, Zolpidem (Ambien).

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

Decision rationale: The Official Disability Guidelines indicate that Ambien is to be utilized on a short-term basis, 2 to 6 weeks, for the treatment of insomnia. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 05/2013. It was documented the medication was ineffective. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills, as it was indicated the medication was to be stopped and changed to Ambien CR. Given the above, the request for prescription of Ambien 10 mg #30 with 3 refills is not medically necessary.

Prescription of Percocet 10/325mg, #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured

worker was utilizing the medication since at least 05/2013. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prescription of Percocet 10/325 mg #120 with 3 refills is not medically necessary.

TENS Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, page 114-116 Page(s): 114-116.

Decision rationale: The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The clinical documentation submitted for review indicated the injured worker was utilizing the TENS unit with benefit. It was noted it was consistently allowing reduction of pain medications. However, there was a lack of documentation indicating the duration of use for the TENS unit. Given the above, the request for TENS unit purchase is not medically necessary.

1 right radiofrequency ablation 14-15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back -Lumbar & Thoracic (Acute & Chronic), Facet Joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The ACOEM Guidelines indicate radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine produces good temporary relief of pain. However, similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. However, there were not specific criteria for repeat neurotomies. As such, secondary guidelines were sought. The Official Disability Guidelines recommend for a repeat neurotomy that the patient should have documentation of a duration of relief from the first procedure for at least 12 weeks with 50% relief. The clinical documentation submitted for

review indicated the injured worker was doing better after a radiofrequency. However, there was a lack of documentation indicating when the previous radiofrequency was. There was a lack of documentation indicating the injured worker was 50% better for 12 weeks. There was a lack of documentation of objective functional benefit. Given the above, the request for 1 right radiofrequency ablation, L4-5 is not medically necessary.

1 trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (Acute & Chronic), sacroiliac joint injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, page 121, 122 Page(s): 121-122.

Decision rationale: The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. The criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should be documentation the symptoms have persisted for more than 3 months. There should be documentation that medical management therapy, such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. Radiculopathy should not be present by physical examination. The clinical documentation submitted for review indicated the injured worker could not take NSAIDs, as she had anaphylaxis when she did. The clinical documentation submitted for review indicated the injured worker had taut bands. However, there was a lack of documentation of specific circumscribed trigger points with evidence upon palpation of a twitch response and referred pain to support the necessity for a trigger point injection. Given the above, the request for 1 trigger point injection is not medically necessary.

1 greater occipital nerve block: 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), Head Chapter (trauma, headaches, etc., not including stress & mental disorders), Greater Occipital Nerve Block (GONB).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Greater Occipital Nerve Block.

Decision rationale: The Official Disability Guidelines indicate that a greater occipital nerve block is under study for use in the treatment of primary headaches. The clinical documentation submitted for review indicated there was a request for a consideration of a greater occipital nerve block. However, there was a lack of documentation indicating the injured worker had headaches and had a necessity for a greater occipital nerve block. Given the above, the request for 1 greater occipital nerve block is not medically necessary.

1 single-positional lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide documented rationale for a necessity for an MRI. There was a lack of documentation indicating unequivocal objective findings that identified a specific nerve compromise. Given the above, the request for 1 single-positional lumbar MRI is not medically necessary.

Prescription of Baclofen 10mg, #60 with 3 refills: 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 Muscle Relaxants, page 63 Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute pain. The recommended use is for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication greater than 3 weeks. There was a lack of documented efficacy. Additionally, there was a lack of documented objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for a prescription of baclofen 10 mg #60 with 3 refills is not medically necessary.

TENS unit pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the request for the TENS unit purchase was found to be not medically necessary, the request for TENS unit pads is not medically necessary.