MAXIMUS Federal Services

Case Number:	CM14-0035649		
Date Assigned:	06/23/2014	Date of Injury:	04/14/2010
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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 Management 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:

This is a male patient with the date of injury of April 14, 2010. A progress note dated February 7, 2014 identifies subjective complaints of ongoing neck and lower back pain, recent acute exacerbation of lower back attributed to activities of daily living (ADL), ongoing constant right lower extremity numbness/tingling, frequent numbness and tingling of the left lower extremity, greater axial pain versus radicular leg pain, and neck pain radiating into the upper extremities left side greater than right. The patient reports that the Percocet allows him to participate in activities such as washing dishes, doing laundry, and showering. He reports that his pain level is a 4/10 with the Percocet and a 7/10 without medication. The patient reports that Zanaflex is moderately controlling his muscle spasms. The patient denies any adverse side effects of constipation, nausea, or gastrointestinal(GI) upset with the medications. The patient's current medications include Zanaflex 4 mg three times daily as needed, Percocet 10/325 mg 3 to 4 tablets per day, and Coumadin. Physical examination identifies tenderness outpatient over the cervical paraspinal muscles as well as positive cervical facet loading, spasm in the left trapezius and left paraspinal muscles, decreased range of motion in the cervical spine, diminished sensation to light touch of bilateral hands, and strength is intact. Physical examination of the low back identifies tenderness to palpation over the right L4, L5, and S1 facet joints with associated muscle guarding, decreased range of motion in the low back with greatest pain in extension, and positive facet challenge in the low back. The patient's CURES report is consistent with the providers. A review of MRIs identifes an MRI of the cervical spine dated April 2013 that reports degenerative disc disease at C4 - C5, C-5 - C6 and C6 - C7 as well as moderate kyphosis and central stenosis and write C5 - C6 stenosis. A review of an MRI of the lumbar spine dated May 2012 reports sacroiliac osteoarthritis, and L4 - L5 and L5 - S1 degenerative disc disease with right-sided foraminal stenosis with moderate severity at L5 - S1. Diagnoses include lumbar sprain/strain with bilateral

lower extremity radiculopathy, lumbar degenerative disc disease, lumbar foraminal stenosis, left cervical radiculitis with disc bulges stenosis at multiple levels, and resolved postdural puncture headache. The treatment plan recommends a refill of Percocet 10/225 four times daily PRN #120, discontinuation of Zanaflex due to lack of effectiveness, start Flexeril 7.5mg every eight hours PRN #90, urine drug screen sample to monitor for medication compliance, recommend acupuncture two times per week for four weeks with therapeutic goals of returning his increased low back pain to exacerbation levels and facilitate with performance of a home exercise program and ADLs, recommend diagnostic/therapeutic right lumbar facet joint block at L4 - L5 and L5 - S1 to help differentiate if the patient's axial low back pain is stemming from a facetogenic versus a discogenic source, and a follow-up in four weeks. An electromyography/nerve conduction study (EMG/NCV) performed on May 12, 2014 was within normal limits. A progress note dated April 4, 2014 identifies subjective complaints of ongoing neck and lower back pain that is rated at a 5/10 on the pain scale, the patient reports worsened pain with increased activity, ongoing rate lower extremity numbness and tingling, frequent numbness and tingling of the left lower extremity, greater axial pain versus radicular leg pain, neck pain radiating into the upper extremities left greater than right, completion of five acupuncture visits with temporary relief, use of Percocet 10 4/225 3 to 4 times a day allows the patient to wash dishes do laundry and shower, the use of Percocet reduces his pain level from a 7 - 8/10 to a 5/10, Flexeril 7.5 mg three times a day is providing the patient with about 50% relief of muscle spasms, and the patient denies any adverse side effects of constipation nausea or GI upset with the medications. The treatment plan recommends a refill of Percocet 10/325 at a reduced quantity of three times daily #90, refill Flexeril 7.5 mg three times daily as needed #90, continuation of acupuncture at two times a week for four weeks with therapeutic goal of returning to exacerbation lower back pain levels and facilitate with performance of a home exercise program and ADLs, trial of Neurontin 600 mg for one week then twice today, and a follow-up in four weeks. A urine drug screen performed November 8, 2013 was consistent with Oxycodone and Marijuana. The patient is using prescribed marijuana. A urine drug screen performed February 7, 2014 was consistent with Oxycodone and Marijuana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 76-79 and 99 of 127 Page(s): 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, the CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. The guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The ODG recommends urine drug testing on a yearly basis

for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered moderate or high risk for opiate misuse, abuse, or diversion. As such, the currently requested urine toxicology test is not medically necessary.

Diagnostic/Therapeutic right medial branch block L4-5 L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back pages 300 and 309, also 9792.20 Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for diagnostic/therapeutic medial branch blocks at L4-5 and L5-S1, the Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. The ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than two joint levels be addressed at any given time. Within the documentation available for review, there are subjective complaints and objective findings of facetogenic pain. Although there are subjective complaints of radicular symptoms, there are no objective radicular findings, and the electrodiagnostic studies were normal. As such, the currently requested diagnostic/therapeutic medial branch blocks at L4-5 and L5-S1 are medically necessary.

Percoset 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (Oxycodone/Acetaminophen) 10/325 mg #120, the California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the Percocet allows the patient to wash dishes do laundry and shower and that the use of Percocet reduces his pain level from 8/10 to a 5/10. Additionally, the patient denies side effects and has had consistent urine drug screens. As such, the currently requested Percocet 10/325 mg #120 is medically necessary.

Acupuncture two times a weeks for four weeks (low Back): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: Regarding the request for acupuncture for 2 times per week for 4 weeks for the lower back, the California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented. This is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has had a trial of 5 sessions of acupuncture. Unfortunately, there is no documentation of sustained objective functional improvement or reduction in medication use because of that trial. As such, the currently requested acupuncture for 2 times per week for 4 weeks for the lower back, is not medically necessary.