

Case Number:	CM14-0040030		
Date Assigned:	04/09/2014	Date of Injury:	11/12/2008
Decision Date:	07/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 35 year old male injured on 11/12/08 due to being involved in a motor vehicle collision. The injured worker sustained injuries to bilateral hips, mouth, left shoulder, bilateral hands, soft tissue of the head, lumbar and/or sacral vertebra, and closed head injury as a result of blunt trauma. The injured worker underwent left shoulder labral tear debridement and reconstruction on 03/14/12 and right carpal tunnel release on 12/13/13. Clinical documentation dated 10/08/13 indicated the injured worker underwent medial branch blocks at L4-5 bilaterally on 10/04/13 with substantially decreased pain. Clinical note dated 10/09/13 indicated the patient was five days post medial branch blocks with 30-40% decrease in pain. Clinical documentation dated 03/31/14 indicated the patient presenting for post-operative evaluation following right hand carpal tunnel release and reported he was doing great. The injured worker denied any pain numbness and tingling, swelling, or other symptoms. Clinical documentation indicated the injured worker was pending low back surgery. Objective findings were within normal limits. Physical therapy to low back, Bilateral transforaminal epidural steroid injection at L5, cervico occipital Botox injection with ultrasound guidance, Vicodin 5/500 Mg Qty: 120.00, Tramadol 50mg Qty: 180.00, Trazodone 50mg Qty: 270.00, Adderall ER 10mg Qty: 60.00 and Zomig 5mg Qty: 27.00 has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. Guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strains/strains; however, there is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. The medical necessity of the physical therapy visits cannot be established at this time. It appears that the patient has had sufficient formal supervised therapy and should be capable of continuing to improve with an independent self-directed home exercise program.

Bilateral transforaminal epidural steroid injection AT L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Additionally, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation indicates the injured worker underwent medial branch blocks at L4-5 bilaterally on 10/04/13 with substantially decreased pain. Clinical note dated 10/09/13 indicated the injured worker was five days post medial branch blocks with 30-40% decrease in pain. There is no indication the injured worker has previously undergone epidural steroid injections. Additionally, per the clinical documentation, there have been no recent findings significant for radiculopathy or back pain. As such, the request for Bilateral Transforaminal Epidural Steroid Injection at L5 cannot be recommended as medically necessary.

Cervicooccipital Boxtox injection with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25,26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25.

Decision rationale: As noted on page 25 of the Chronic Pain Medical Treatment Guidelines, Cervicooccipital Botox Injection is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Botox is currently recommended for the treatment of cervical dystonia. As such, the request for Cervicooccipital Botox Injection with Ultrasound Guidance cannot be recommended as medically necessary.

Vicodin 5/500 mg qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no recent documented VAS pain scores for this patient with or without medications. The most recent documentation indicated the patient reported he was doing great and denied any pain, numbness, and tingling. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Vicodin 5/500 mg qty:120.00 cannot be established at this time.

Tramadol 50MG qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no recent documented VAS pain scores for this patient with or without medications. The most recent documentation indicated the patient reported he was doing great and denied any pain, numbness, and tingling. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tramadol 50mg qty: 180.00 cannot be established at this time.

Trazodone 50mg qty: 270.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online version, Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: As noted in the Mental Illness & Stress chapter of the Official Disability Guidelines - Online version, Trazadone is recommended as an option for insomnia, only for injured workers with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is no indication in the documentation that the injured worker has been diagnosed or treated for depression or anxiety. As such, the request for Trazodone 50mg qty: 270.00 cannot be recommended as medically necessary.

Zomig 5mg qty: 27.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Head, Triptans and <https://online.epocrates.com/noFrame/showPage.do?method=drugs&MonographId=1445>.

Decision rationale: As noted in the Head chapter of the Official Disability Guidelines - Online version, triptans are recommended for the treatment of migraines. Zomig is utilized for the treatment of acute migraine headaches and post-traumatic headaches. The documentation indicates the injured worker's diagnoses include post-traumatic headaches. As such, the request for Zomig 5mg qty: 27.00 are recommended as medically necessary.

Adderall ER 10mg qty: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/adderall-drug.htm>.

Decision rationale: Based on the information provided, the use of Adderall is not recommended as medically necessary. There is no documentation indicating that the patient has undergone official neurophysiological testing to confirm the diagnosis of posttraumatic ADD. Additionally, there is no documentation to indicate the absence of ADD prior to the initial injury or the efficacy of the medication. As such, the request for Adderall ER 10mg qty: 60.00 cannot be recommended as medically necessary.

Bupropion HCL SR 100 mg qty: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: As noted on page 16 of the Chronic Pain Medical Treatment Guidelines, Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 injured workers). While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in injured workers with non-neuropathic chronic low back pain. Objective findings failed to establish the presence of neuropathic pain. As such, the request for Bupropion HCL SR 100mg #240 cannot be recommended as medically necessary at this time.

Diclofenac ER 100mg qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren, Voltaren-XR) Page(s): 71.

Decision rationale: As noted on page 71 of the Chronic Pain Medical Treatment Guidelines, Diclofenac is not recommending as first line treatment due to increased risk profile. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Diclofenac ER 100mg #180 cannot be established as medically necessary.