

Case Number:	CM14-0046183		
Date Assigned:	08/06/2014	Date of Injury:	04/16/1990
Decision Date:	09/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Texas and Oklahoma. 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 44-year-old female who reported an injury on 04/16/1990. The mechanism of injury was not provided. The documentation indicated the injured worker was being monitored for aberrant drug behavior. The injured worker underwent a left sacroiliac joint injection. The injured worker's medications were noted to include Xanax, OxyContin, and Percocet as of 03/2012. The injured worker underwent urine drug screens. Prior treatments included physical therapy. The documentation of 02/13/2014 revealed the injured worker was in for medication refills and a complaint of low back pain. The injured worker reported improvement since a recent SI joint injection and the injured worker indicated her pain was primarily in her lower back and bilateral hips. The physical examination revealed the injured worker had lumbar spinal tenderness, lumbar paraspinal tenderness, and lumbar facet tenderness at L4-S1. The injured worker had a positive lumbar facet loading maneuver bilaterally with trigger point tenderness, and muscle twitch. There were tight muscle bands and pain radiating past the area of compression. The injured worker had tenderness with lateral compression of the sacroiliac joint. The injured worker had bilateral trigger points with iliotibial bands. The diagnoses included post laminectomy syndrome of the lumbar region, sacroiliitis, iliotibial band syndrome, lower back pain, lumbar disc herniation without myelopathy, and chronic pain syndrome. The treatment plan included Xanax 1 mg, OxyContin, Percocet 10/325 mg, and Seroquel 50 mg. Additionally, the treatment plan included trigger point injections to the muscle and physical examination on follow-up visit, a lumbar facet block, and a refill of the medications as well as physical therapy for hip girdle strengthening 2 times a week for a total of 12 weeks. There was no Request for Authorization submitted to support the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections in office (quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: The California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. 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; 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 pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review indicated the injured worker had a twitch response, circumscribed trigger points, and referred pain. There was a lack of documentation indicating that medical management therapies such as ongoing stretching exercises, physical therapy, and NSAIDs and muscle relaxants had failed to control pain. There was a lack of documentation of myotomal or dermatomal findings to support whether the injured worker had radiculopathy or not. The request as submitted failed to indicate the quantity of trigger point injections as well as the location for the trigger point injections. Given the above, the request for trigger point injections in office (quantity not specified) is not medically necessary.

Lumbar Facet Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC - Low Back Procedure Summary.

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) Low Back Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The ACOEM Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should 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 and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker had tenderness to palpation at the paravertebral area. However, there was a lack of documentation indicating the injured worker's straight leg raise examination findings and a normal myotomal and dermatomal examination. There was a lack of documentation indicating the injured worker had a failure of conservative treatment. There was a lack of documentation indicating if the injured worker had a positive response that the next step would be a neurotomy. The request as submitted failed to indicate the laterality as well as the level for the requested lumbar facet blocks and the quantity being requested. Given the above, the request for lumbar facet blocks is not medically necessary.

Physical Therapy 2 times a week for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker's date of injury dated back to 1990. As such, the injured worker should be well-versed in a home exercise program. There was a lack of documentation of objective functional deficits. The request as submitted failed to indicate a necessity for 24 sessions of therapy. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for physical therapy 2 times per week times 12 weeks is not medically necessary.

Xanax 1mg (quantity not specified): Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for the treatment of chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented objective functional benefit and exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the quantity

and frequency for the requested medication. Given the above, the request for Xanax 1 mg (quantity not specified) is not medically necessary.

Oxycontin (dosage and quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 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 cumulative dosing of all opiates should not exceed 120 mg of oral Morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had utilized this classification of medication since at least 2012. There was a lack of documentation of the above criteria. Additionally, the cumulative dosing could not be determined as there was a lack of documentation indicating the frequency for the requested medication. The request as submitted failed to indicate the frequency and quantity. Given the above, the request for OxyContin (dosage and quantity not specified) is not medically necessary.

Percocet 10/325mg (quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 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 cumulative dosing of all opiates should not exceed 120 mg of oral Morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had utilized this classification of medication since at least 2012. There was a lack of documentation of the above criteria. Additionally, the cumulative dosing could not be determined as there was a lack of documentation indicating the frequency for the requested medication. The request as submitted failed to indicate the frequency and quantity. Given the above, the request for Percocet 10/325 mg (quantity not specified) is not medically necessary.

Seroquel 50mg (quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult and Official Disability Guidelines.

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.drugs.com/seroquel.html>.

Decision rationale: Per Drugs.com, Seroquel is used to treat bipolar disorder in adults and it is used together with antidepressant medications to treat major depressive disorders in adults. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documented rationale and objective functional benefit that was received from the medication. The request as submitted failed to indicate the quantity and frequency for the requested medication. Given the above, the request for Seroquel 50 mg (quantity not specified) is not medically necessary.