

Case Number:	CM14-0064669		
Date Assigned:	08/08/2014	Date of Injury:	11/07/1992
Decision Date:	09/11/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/07/2014

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 Interventional Spine 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:

The patient is a 57 year old male with an injury date on 11/07/1992. Based on the 03/20/2014 progress report provided by [REDACTED] the diagnoses are: 1. Cervical disc w/radiculitis. 2. Degeneration of cervical disc. 3. Cervical post laminectomy syndrome. 4. Neck pain. 5. Shoulder pain. 6. Myofascial pain. According to this report, the patient complains of left neck pain and shoulder pain. The pain is described as burning, stabbing and spasm that is rated at a 5/10. Cervical range of motion is restricted with pain. Sensation is reduced in the left hand. The patient's current medications are Percocet, Neurontin, Flexeril, Cymbalta, Bentyle, Trazodone, Protonix, Elvail, Methadone, Ketoprofen, Vicodin, and Wellbutrin. The patient mentions that "the medications are controlling some, but not all the pain." On 11/25/2013 report indicates the patient's pain is at a 7-8/10. There were no other significant findings noted on this report. [REDACTED] is requesting: 1. Acupuncture for cervical spine for 6 sessions. 2. Physical therapy for cervical spine for 6 sessions. 3. 10 panel random urine drug screens for qualitative analysis with confirmatory lab testing only performed on inconsistent result. 4. Medial branch Block. 5. Flexeril 10mg #606. Percocet 75/325 mg #120. The utilization review denied the request on 05/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/25/2013 to 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Cervical Spine - 6 Session: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 03/20/2014 report by [REDACTED] this patient presents with left neck pain and shoulder pain. The treating Physician requested 6 sessions of acupuncture for the cervical spine. [REDACTED] does not discuss treatment history, however; the utilization review letter alludes to prior acupuncture treatments from 9/25/13. There are no acupuncture reports provided for this review to determine the patient's response to prior treatments. MTUS Guidelines recommends "Acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months." In this case, the Physician does not discuss the patient's outcome from prior acupuncture treatment. In addition, there is no discussion as to why the patient needs acupuncture at this juncture. There is also no documentation of flare-ups or functional decline to consider additional treatments. The request is not medically necessary.

Physical Therapy for Cervical Spine - 6 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The utilization review denial letter states "The submitted reports do not outline significant objective and functional improvement from the completed visits." MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable if the patient's symptoms are flared or the patient's function has declined. However, the treating Physician does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS requires that the treating Physician provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.

10 Panel Random Urine Drug Screen for Qualitative Analysis with Confirmatory Lab Testing Only Performed on Inconsistent Results: 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 DRUG TESTING Page(s): 43.

Decision rationale: The utilization review modified the request to 1 UDSs. While MTUS Guidelines do not specifically address how frequent Urine Drug Screens (UDS) should be obtained for various risks of opiate users, (ODG) Guidelines provide clearer guidelines and recommends a, "Once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient." In this case, the available medical records indicate the patient is on Percocet (a narcotic-like pain reliever) as indicated on 11/25/2013 report. While yearly UDS's are reasonable for a low risk opiate user, there is no reason to do 10 UDS's. The request is not medically necessary.

Medial Branch Blocks (Unspecified): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Neck Chapter, for facet joint injections.

Decision rationale: MTUS does not address it, but (ODG) supports it for lateralized neck pain, without radicular symptoms or sensory findings. Review of the reports show that the patient has non-radiating (non-dermatomal distribution) neck pain that is rated at a 5/10. Evaluation of the facet joints would appear to be reasonable. However, the requested medial branch block lacks the specific level for the injection. Without knowing the level(s), one cannot make a recommendation regarding its appropriateness based on the guidelines. (ODG) does not recommend more than 2 levels. The request is not medically necessary.

Flexeril 10 Mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Muscle relaxants (for pain) Page(s): 64; 63.

Decision rationale: The treating Physician requested Flexeril 10mg #60. Flexeril was first mentioned in the 11/25/2013 report. MTUS Guidelines state, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treating Physician requested Flexeril #60 but this medication is not recommended for long term use. Therefore, recommendation is not medically necessary.

Percocet 7.5/325 Mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in musculoskeletal pain. Medications for chronic pain (MTUS 60,61) Page(s): 60-61.

Decision rationale: MTUS Guidelines require "Functioning documentation using a numerical scale or validated instrument at least once every 6 months." MTUS also requires "documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors)." Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided, nor were there any discussions regarding potential aberrant drug seeking behavior. In addition, there were no specific Activities of Daily Living's (ADL's) or return to work guidelines discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.