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| Case Number: | CM14-0081714 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 10/23/2011 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56 year old male with a 10/23/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/7/14 noted subjective complaints of thoracic and lumbar pain with spasm. Objective findings included thoracolumbar paraspinal tenderness. There were normal motor and sensory of bilateral upper and lower extremities. It is noted in 1/14 that the medication list included Norco, Klonopin, Zanaflex. Diagnostic Impression: thoracic strain, thoracic DDD, thoracic radiculopathy Treatment to Date: physical therapy, TESI x 2, medication management A UR decision dated 5/22/14 denied the request for trigger point injection x 3 - 9 total. There is no mention of a twitch response. There is no diagnosis of myofascial pain. It also denied MRI of the thoracic. There is no diagnosis of myelopathy or radiculopathy. There is no red flag. It also denied lab work. Specific labs requested are not documented. It also denied urine toxicology screen. There are no subjective or objective complaints consistent with potential drug abuse. There is no documentation of poor pain control or concern for addiction or abuse. It also denied zanaflex 6 mg #90 with 2 refill. The injury is considered chronic. There is no documented functional benefit from use of the muscle relaxant. There is no mention of acute flare. It also denied chlorthalidone 25 mg #60 with 2 refill. There is no stress-related diagnosis. It also denied Klonopin 0.5 mg #60. There is no stress-related diagnosis. It also denied Norco 10/325 mg #240 with 1 refill. Current report notes there is a critical allergy to vicodin, which has the same medications. There is no documented functional benefit from use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections times 3 - 9 total: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, in review of the provided documents, there is no diagnosis of myofascial pain syndrome. There is no documentation of twitch response. Also there is no clear documentation that medication management has failed. Therefore, the request for trigger point injections times 3 - 9 total is not medically necessary.

MRI of the thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

Decision rationale: CA MTUS criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. However, there are no unequivocal findings of neural compromise on exam. There is no documentation of consideration for surgery. Furthermore, there is documentation of the patient having had normal pain films. Therefore, the request for MRI of the thoracic is not medically necessary.

Lab work (unspecified): 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: 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.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>)

Decision rationale: CA MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications does not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. However, there is no test specified in the requested labwork. Therefore, the request for lab work (unspecified) is not medically necessary.

Toxicology Screen (UDS): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines urine testing in ongoing opioid management Page(s): 43; 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Screening is indicated on all patients on chronic opioids for chronic pain. The patient is noted to be on Norco and Klonopin at least for several months. There are no documented recent urine drug screens. Screening would be appropriate as the patient is on chronic opioid treatment for chronic pain. Therefore, the request for toxicology screen (UDS) is medically necessary.

Zanaflex 6 mg #90 with 2 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, it is noted that the patient has been on Zanaflex for at least several

months. Muscle relaxants are not recommended for chronic use as they may lead to dependence. There is also no clear documentation that the use of Zanaflex results in objective functional improvement. Therefore, the request for Zanaflex 6 mg #90 with 2 refill is not medically necessary.

Chlordizepoxide 25 mg #60 with 2 refill: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. The patient's medications include Klonopin. It is unclear why the patient would need prescriptions for two different benzodiazepines. Therefore, the request for chlordizepoxide 25 mg #60 with 2 refill is not medically necessary.

Klonopin 0.5 MG #60: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. The patient is noted to have been on Klonopin for at least several months. There is no clear documentation that Klonopin use has resulted in specific objective functional improvement. Therefore, the request for Klonopin 0.5 mg #60 is not medically necessary.

Norco 10-325 MG #240 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #240 with 1 refill is not medically necessary.