

Case Number:	CM14-0086446		
Date Assigned:	08/06/2014	Date of Injury:	10/06/2000
Decision Date:	10/03/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 44-year-old male with a 10/6/2000 date of injury. A specific mechanism of injury was not described. 5/13/14 determination was non-certified. Regarding the trigger point injections, there was no documentation of trigger points on physical exam and the left shoulder pain did not meet guidelines for myofascial pain syndrome. Regarding Medrol Dosepak, it was not recommended by guidelines for chronic pain. Regarding consultation with general surgeon, there were no signs or symptoms of hemorrhoids. Regarding Flexeril, the duration of intake exceeded guidelines recommendations. Regarding Valium, the guidelines did not recommend its use longer than 4 weeks. Regarding Celebrex, there were no signs of osteoarthritis and no significant improvement particularly from this medication. Regarding Nucyncta IR, there was no documentation of the tablets prescribed per month. 5/2/14 medical report identified continued pain in the left shoulder and both hips, described as dull, aching, and non-radiating. The pain radiated down the left arm and into the hands secondary to CRPS, which has been controlled with SCS. There was low back pain radiating down the legs, right worse than left, rated 7/10. 11/19/13 report revealed ongoing pain in both greater trochanters, aching, constant at 7/10, with radiation down to the thighs. There is also pain in her jaw, which has improved with a dental device. There is pain in the scapular region, which is worse on the left side associated with left shoulder range of motion with internal rotation, external rotation and abduction. Exam revealed right thoracic and lumbar paraspinals region is tender to palpation. Right SI joint tenderness to palpation, bilateral greater trochanter tenderness to palpation. SCS IPG site tender to palpation in the right posterior hip. The left shoulder has pain with internal rotation, external rotation, and abduction. Strength is 5/5. Diagnoses include bilateral greater trochanter bursitis, complex regional pain syndrome, left upper extremity, fibromyalgia, left shoulder pain, myofascial pain. 11/13/13 urine drug screen was consistent with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to the neck (every 3-6 months): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment 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. There was no indication of trigger points. There was also no indication of the number of sessions to be performed at each session or a rationale indicating why the injections would be necessary every 3-6 months without prior assessment of efficacy and recurrence of trigger points. The medical necessity was not substantiated.

Trigger Point Injections to the left shoulder (every 3-6 months): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment 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. There was no indication of trigger points. There was also no indication of the number of sessions to be performed at each session or a rationale indicating why the injections would be necessary every 3-6 months without prior assessment of efficacy and recurrence of trigger points. The medical necessity was not substantiated.

Medrol Dosepak: Upheld

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

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

Decision rationale: ODG criteria for oral/parenteral steroids for low back pain include clinical radiculopathy; risks of steroids should be discussed with the patient and documented in the record; and treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The patient had chronic pain managed on medication. However, there was no indication of an acute exacerbation of symptoms for which the medication would be indicated. The medical necessity was not substantiated.

Consultation with a General Surgeon for hemorrhoid assessment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156).

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The medical record did not identify complaints or exam findings of hemorrhoids. In absence of these, the medical necessity was not substantiated.

Flexeril 10mg #90: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. There were no acute muscle spasms documented, no efficacy from this medication, and no future end-point of treatment. The medical necessity was not substantiated.

Valium 5mg (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 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. There was no rationale for the continued use of Valium beyond the 4 weeks recommended by guidelines. There was no efficacy documented, attempts at discontinuation, or a proposed end-of-treatment date. In addition, the specific amount to be dispensed was not delineated. The medical necessity was not substantiated.

Celebrex 10mg (quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: MTUS states that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. In addition, the FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. Records indicate that the patient had taken ibuprofen in the past. However, there was no indication for the necessity to change the medication to Celebrex or risk of GI complications. While the prescription of this medication may be appropriate, additional information was necessary. In addition, the specific amount to be dispensed was not delineated. The medical necessity was not substantiated.

Nucynta IR 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 Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with Oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. The patient has chronic pain and had used Vicodin in the past. The specific reason for the change

to Nucynta was not documented. There has been consistent urine test with the medication. However, there was no clear indication of efficacy with VAS scores or an increase in function. There was also no clear indication of an up-dated pain contract. In addition, the specific amount to be dispensed was not delineated. While the medication may be appropriate for this patient, there was insufficient documentation to support this request. Given inability to provide a modified certification, the medical necessity was not substantiated.