

Case Number:	CM14-0089370		
Date Assigned:	08/08/2014	Date of Injury:	04/09/2012
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

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 and is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 04/09/2012. While attempting to transfer a patient out of the bed, she felt a pain to the lower back. The injured worker had a history of lower back pain that radiated down to the buttocks, legs, feet, and hip area. The injured worker had diagnoses of lumbosacral spondylosis without myelopathy, displacement of the lumbar disc without myelopathy, lumbosacral neuritis/neuropathy, and spasms of the muscle, unspecified myalgia and myositis. The past treatments included physical therapy, walker, crutches, and medication. The injured worker had an MRI of the lumbar spine dated 05/29/2002 that revealed multilevel mild degenerative disc disease and an annular tear of the L3-4 disc posteriorly, and an MRI of the left knee dated 07/06/2013 that revealed a mild medial compartment osteoarthritis and mild to moderate joint effusion. The current medication included Celebrex, Toprol, Lorzone, Nucynta, and Toprol XL. The physical examination of the lower back dated 04/01/2014 revealed radicular pain to the left buttocks and foot, as well as the left hip and left knee, positive for facet based in discogenic pain with radicular component, positive for straight leg raise to the left lumbar paraspinal muscle with tenderness and spasms. The treatment plan included continuation of physical therapy for the knee, MRI of the left hip, continuation of medication, baseline urine drug screen, and return in 1 to 2 months. The Request for Authorization for the urine drug screen was dated 03/19/2014, and was submitted with documentation. The Request for Authorization dated 04/02/2014 was for Nucynta, Lorzone, and Voltaren was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen testing at next visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. The California MTUS Guidelines recommend as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The clinical notes did not indicate illegal drug use. As such, the request is not medically necessary.

Repeat Left L3,4 TFE (Transforaminal Epidural Steroid Injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for Repeat Left L3, 4 TFE (Transforaminal Epidural Steroid Injection): is not medically necessary. The California MTUS Guidelines recommend, for an epidurals injection, that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. Current research does not support a "series of 3" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESIs. The California MTUS Guidelines recommend, for repeat epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation provided, did not indicate that conservative therapy had failed. Epidural steroid injections should be performed using fluoroscopy for guidance. As such, the request is not medically necessary.

MRI (Magnetic resonance Imaging) of the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Magnetic resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (Acute & Chronic), MRI (Magnetic resonance Imaging).

Decision rationale: The request for MRI (Magnetic resonance Imaging) of the left hip is not medically necessary. The Official Disability Guidelines recommend as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. Indications for imaging are: Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, and tumors. The clinical notes did not indicate any of the above. As such, the request is not medically necessary.

Nucynta 50 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

Decision rationale: The request for Nucynta 50 mg, QTY: 60: is not medically necessary. The California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker had indicated that Nucynta ER made her tired and dizzy. The injured worker should be assessed for the aberrant drug-taking behavior along with activities of daily living. The request did not address frequency. As such, the request is not medically necessary.

Nucynta ER 100 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

Decision rationale: The request for Nucynta ER 100 mg, QTY: 30: is not medically necessary. The California MTUS states Central analgesics drugs are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker had indicated that Nucynta ER made her tired and dizzy. The injured worker should be assessed for the aberrant drug-taking behavior. The request did not address frequency. As such, the request is not medically necessary.

Nucynta ER 50 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

Decision rationale: The request for Nucynta ER 50 mg, QTY: 30: is not medically necessary. The California MTUS states Central analgesics drugs are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker had indicated that Nucynta ER made her tired and dizzy. The injured worker should be assessed for the aberrant drug-taking behavior. The request did not address frequency. As such, the request is not medically necessary.

Lorzone 750 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

Decision rationale: The request for Lorzone 750 mg QTY: 60 is not medically necessary. The California MTUS indicate that antispasmodics are used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. As such, the request is not medically necessary.

Voltaren Gel Knee sample: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal ant-inflammatory agents Page(s): 111.

Decision rationale: The request for Lorzone 750 mg is not medically necessary. The California MTUS indicate that Non-steroidal ant-inflammatory agents that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. As such, the request is not medically necessary.

