

Case Number:	CM14-0098140		
Date Assigned:	08/08/2014	Date of Injury:	10/21/2010
Decision Date:	09/11/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 female patient with the date of injury of October 21, 2010. A Utilization Review was performed on June 11, 2014 and recommended non-certification of acupuncture times ten sessions for the lumbar spine and thoracic spine, trigger point injections x 8 in the bilateral L4-S1 paraspinal with 3.0 cc of 2% lidocaine, consultation with an anesthesiologist, Butrans 5mcg/h #4, Ultram 50mg #100, Silenor 6mg #30, and Metoprolol 50mg #60. A Progress Report dated March 4, 2014 identifies Subjective complaints of trigger point injections decreased her neck pain by 20% for 4 days. She complains of headaches and neck, thoracic, and lumbar pain 9/10. Objective findings identify sensation intact except diminished on the entire right side and pain to palpation along the cervical, thoracic, and lumbar spine. Diagnoses identify TBI with post concussive syndrome, thoracic strain, and lumbar strain. Treatment Plan identifies trigger point injections x6 in the bilateral lumbar paraspinal muscles with 3cc 2% lidocaine, 10 sessions acupuncture 1x/week, Butrans 5mcg/h one patch every 7 days #4 for chronic severe pain, Silenor 6 mg at night for chronic pain and sleep #30, Metoprolol 50 mg BID #60 for headache prophylaxis, and Ultram 50 mg BID #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) Sessions of Acupuncture for the Lumbar Spine and Thoracic Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Medical treatment utilization schedule.

Decision rationale: Regarding the request for Ten (10) Sessions of Acupuncture for the Lumbar Spine and Thoracic Spine, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions. and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of chronic pain. However, the requested number of sessions exceeds guidelines. Unfortunately, there is no provision in place to modify the request. As such, the currently requested Ten (10) Sessions of Acupuncture for the Lumbar Spine and Thoracic Spine are not medically necessary.

Trigger Point Injections x 8 in the Bilateral L4-S1 Paraspinous with 3.0 cc of 2% Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: TPIs (Trigger point injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for Trigger Point Injections x 8 in the Bilateral L4-S1 Paraspinous with 3.0 cc of 2% Lidocaine, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. ODG additionally recommends not more than 3-4 injections per session. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Furthermore, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. Finally, the requested number of injections exceeds guidelines. In light of such issues, the requested Trigger Point Injections x 8 in the Bilateral L4-S1 Paraspinous with 3.0 cc of 2% Lidocaine are not medically necessary.

Consultation with an Anesthesiologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Page 127, Official Disability Guidelines, Low Back Chapter: Evaluation and Management (E&M).

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

Decision rationale: Regarding the request for consultation with an anesthesiologist, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, there is no indication as to why a consultation with an anesthesiologist is necessary for this patient. There is no documentation that a diagnosis is uncertain or extremely complex, psychosocial factors are present, or the plan or course of care may benefit from additional expertise. In light of the above issues, the currently requested consultation with an anesthesiologist is not medically necessary.

Butrans 5mcg/h #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/butrans-patch.html> - Butrans.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 26-27, 76-79 of 127.

Decision rationale: Regarding the request for Butrans patches 5mcg/hr one patch apply to dry skin every 7 days, California Pain Medical Treatment Guidelines state that Butrans is recommended for treatment of chronic pain. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Within the documentation available for review, there is chronic pain. However, there is no indication that the Butrans is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Butrans is not medically necessary.

Ultram 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management actions Page(s): 81, 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-79 OF 127.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram is not medically necessary.

Silenor 6mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/silenor.html> - Silenor (doxepin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Cymbalta, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that Silenor provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested Silenor is not medically necessary.

Metoprolol 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes Chapter: Metoprolol, <http://www.drugs.com/metoprolol.html> - Metoprolol.

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/PMC3253148/>.

Decision rationale: Regarding the request for Metoprolol, Metoprolol is a beta blocker medication which is indicated in the treatment of hypertension. Additionally, it is frequently used in the treatment of headaches as a prophylactic medication. California MTUS and ODG do not contain criteria for the use of beta blockers. Studies have shown that the use of a beta blocker can reduce the frequency, duration, and severity of migraine headaches. Within the documentation

available for review, there is no indication of the effectiveness of Metoprolol for this patient in terms of reduced frequency, duration, or severity of migraine headaches. In the absence of such documentation, the currently requested Metoprolol is not medically necessary.