

<b>Case Number:</b>	CM13-0006893		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/28/1993
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 had an original date of injury of September 28, 1993. The industrial diagnoses include chronic neck pain, chronic low back pain, cervical radiculopathy, cervical disc disease, cervical disc bulges, lumbar radiculopathy, myofascial pain syndrome and chronic pain syndrome. The patient has been treated with physical therapy, pain medications including opiates, chiropractic, acupuncture, and dorsal column stimulator trial with eventual implantation of a permanent system. A progress note from January 15, 2013 indicates that the patient had at that time "resolves myofascial trigger point" pain in the cervical spine which was addressed with trigger point injections performed in February 2012. A subsequent progress notes from July 10, 2013 indicate that the patient has flare-up of pain in the lumbar and cervical spine and there is a request for myofascial trigger point injections. The physical examination associated with this progress note had documented for myofascial trigger points in the lumbar spine and in the cervical spine, and the trigger point cause radiating pain. The disputed issue in this case is a request for myofascial trigger point injections, MS Contin, and docusate. The utilization review determination had noncertified these requests. The stated rationale for this denial of trigger point injections was that the "patients recent exam findings include positive straight leg raise testing bilaterally" which is indicative of a particular component. As such, the utilization reviewer reason that trigger point injections for the lumbar spine is recommended noncertified. The reason for the denial of MS Contin was that there wa "no indication the patient has failed any recent attempts at weaning from her excessive MED(morphine equivalent daily dosage)." A modification of this MS Contin to allow weaning was recommended. Regarding the third

disputed issue of docusate, the reviewer note that the patient was instructed to return for re-evaluation in 8 weeks, and therefore the quantity was modified to #225.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **4 Myofacial Trigger Point Injections for Lumbar Spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Trigger Point Injections..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Trigger Point Injections Entry of Chronic Pain Chapter.

**Decision rationale:** Regarding the request for trigger point injections, 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. Within the documentation available for review, there are progress note from January 15, 2013 indicates that the patient had at that time "resolves myofascial trigger point" pain in the cervical spine which was addressed with trigger point injections performed in February 2012. Although this body region is different from that of the current request, it demonstrates that the patient can tolerate this type of injection. A subsequent progress notes from July 10, 2013 indicate that the patient has flareup of pain in the lumbar and cervical spine and there is a request for myofascial trigger point injections. The physical examination associated with this progress note had documented for myofascial trigger points in the lumbar spine, and the trigger points cause "radiating pain." This patient has clearly had more than 3 months of conservative therapy given the remote date of injury and multiple physical modalities and medications administered. Therefore, the criteria are met of documenting trigger points on lumbar exam, and the current request for Trigger Point Injections in this region is medically necessary.

### **90 MS Contin 100 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and

provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. While pain relief and counseling on risk was documented in serial progress notes, documentation of urine drug screen (UDS) at periodic intervals was not reported. Although a progress note from 7/10/2013 indicates a preliminary screening was negative for illicit street drugs or unprescribed medications, there was no confirmatory test or report directly from any commercial laboratory. No CURES PAR reports were reported as well, which is another method to monitor for aberrancy. Due to a lack of aberrancy monitoring, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. Therefore the request is not medically necessary.

**Docusate Sodium:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MMckay SL, Fravel M, Scanlon C. management of constipation. Iowa City (IA): University of Iowa Gerontology Nursing Intervention Research Center, Research Translation and dissemination core; 2009, Oct. 51 P.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Guidelines, Constipation Prophylaxis Page(s): 77-78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines on pages 77-78 recommend prophylactic treatment of opioid related constipation. Specifically, the following is state with regard to initiating Opioid Therapy: "(d) Prophylactic treatment of constipation should be initiated." The progress notes indicate the patient continues on Nucynta ER according to a progress note from 7/10/2013. Although it is not recommended that the patient continue on MS Contin unless there is documentation of the 4's, the patient nonetheless will remain on opioids for a period of time until weaning off can be accomplished. Since the guidelines recommend prophylaxis for patients on opioids, the request Docusate is medically necessary.