

Case Number:	CM14-0104794		
Date Assigned:	08/01/2014	Date of Injury:	06/29/2006
Decision Date:	07/07/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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: New York

Certification(s)/Specialty: Emergency Medicine

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 38 year old, male who sustained a work related injury on 6/29/06. He had a sudden onset of low back pain with radiation into the upper back and neck after lifting a 150 pound manhole cover. The diagnoses have included status post lumbar fusion, left hip and groin pain, multiple sclerosis, medication induced gastritis, reactionary depression/anxiety, cervicogenic headaches, opiate dependence and chronic pain syndrome. Treatments have included medications, use of medical marijuana, opioid detoxification, lumbar facet injections, lumbar spine surgery, physical therapy, acupuncture, chiropractic treatments and use of spinal cord stimulator. In the PR-2 dated 4/2/15, the injured worker complains of increased pain in left groin and lower thoracic wall and rib cage with muscle spasm. He describes the pain as sharp, stabbing and shooting. On physical examination, he has tenderness to palpation of left inguinal region with a positive Tinel's sign. He has been diagnosed with multiple sclerosis and is receiving Copaxone injections 3 times a week. He has been detoxed off all medications and has had significant problems with post acute withdrawal syndrome. The treatment plan for this visit includes medication refills, a request for authorization for a Percutaneous Electrical Nerve Stimulator (PENS) treatments and consideration for a spinal cord stimulator re-trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 80-81, 86.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for Norco analgesia is not medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders. The IW is no longer taking NSAIDs. There are not abdominal examinations noted in the chart or subjective complaints of abdominal discomfort. Prilosec is not medically necessary based on the MTUS.

Soma: 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 Carisoprodol (soma) Page(s): 29.

Decision rationale: According to CAMTUS, Carisoprodol (Soma) is a centrally acting muscle relaxant. Carisoprodol is not recommended. Additionally, it is not recommended for long term use. Medical records support the IW has been taking this medication for a minimum of 6 months. As this medication is not supported by guidelines, the request for Soma is determined not medically necessary.

Four Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

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

Decision rationale: CA MTUS recommends trigger point injections for myofascial pain syndrome only and not for radicular pain. Trigger points are focal areas of tenderness that produce a local twitch in response to stimulus to the area. The IW was not have a diagnosis of myofascial pain. The submitted material does not support a local twitch response when stimulated. Additionally, the MTUS recommends specific content of the injectate. The content of the injectate in this case has not been discussed. Without this documentation, the request for trigger point injections are not medically necessary.

One GI consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laine L, Jensen DM. Management of patients with ulcer bleeding. Am J Gastroenterol. 2012 Mar; 107 (3): 345-360.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation National Guideline Clearinghouse (<http://www.guideline.gov>).

Decision rationale: Ca MTUS and ODG guidelines do not discuss this request. The treating provider has not provided any specific indications for this referral. The IW previously reported abdominal pain; NSAIDs were no longer prescribed. At the most recent visit, the IW did not report ongoing abdominal discomfort. There was not report in changes to food intake or bowel habits. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The treating provider has not made an adequate case for this referral in light of the specific patient factors. The referral for a gastrointestinal consultation is not medically necessary.

One endoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Role of endoscopy in the management of GERD. Gastrointest Endosc. 2007 Aug;66 (2): 219-224.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (<http://www.guideline.gov>).

Decision rationale: Ca MTUS and ODG guidelines do not discuss this request. The treating provider has not provided any specific indications for this requested procedure. The IW previously reported abdominal pain and NSAIDs were not longer prescribed. At the most recent visit, the IW did not report ongoing abdominal discomfort. There was not report in changes to food intake or bowel habits. There was no report of bloody stools, nausea or vomiting. The need for referral to a GI specialist has been determined not to be medically necessary. An endoscopy

would be conducted by a GI specialist. There were no signs and symptoms or clinical instability to warrant a referral or endoscopy. The treating provider has not made an adequate case for this procedure in light of the specific patient factors. The referral for an endoscopy is not medically necessary.