

Case Number:	CM14-0204137		
Date Assigned:	12/16/2014	Date of Injury:	10/28/1993
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 58 year old patient with date of injury of 10/28/1993. Medical records indicate the patient is undergoing treatment for multiple decayed teeth due to effects of medicine, missing teeth due to effects of medicine, swollen, infected and bleeding gingiva due to periodontal disease associated with effects of medicine, temporomandibular joint dysfunction/myofascial pain dysfunction, cephalgia, myalgia, muscle spasm, tinnitus, cervical sprain/strain, right shoulder sprain/strain, thoracolumbar spine strain/sprain, bilateral carpal tunnel syndrome. Subjective complaints include tooth decay, sensitivity with pain in teeth, dryness of mouth, generalized moderate bleeding with localized swelling in gingival tissue, generalized headaches, clicking and popping sounds of jaw joints, difficulty sleeping at night. Objective findings include intraoral tissues are within normal limits, teeth numbers 1, 3, 16, 17, 28 and 32 are missing; teeth numbers 2, 5, 9, 14, 15, 18, 19, 21, 30 and 31 have crown placements; moderate decay on teeth numbers 5, 8, 9, 0, 11, 25, 26 and 30, moderate/severe decay on tooth number 18 with missing crown, teeth numbers 23, 24, 25, 26 and 27 are moderately worn down; generalized moderate gingivitis present with infection and exudate in the upper right posterior and lower left and right posterior dental quadrants; generalized slight periodontal disease with slight-moderate osseous bone loss on teeth numbers 14, 18 and 19; generalized moderate subra-gingival and sub-gingival calculus present, periodontal pockets with depths from 3mm-5mm; muscle palpation indicates tenderness at the insertion of the sternocleidomastoid bilaterally, masseter bilaterally, lateral pterygoid bilaterally, temporalis bilaterally and upper trapezius bilaterally; cervical range of motion with moderate restrictions in flexion. Treatment has consisted of Toradol, Marinol, Roxicodone, Oxycontin, Percocet and Nexium. The utilization review determination was rendered on 11/13/2014 recommending non-certification of Marinol 5mg #90, Roxicodone 30mg #240 and 1 trigger point injection of the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28. Decision based on Non-MTUS Citation <https://online.epocrates.com>, Marinol.

Decision rationale: Marinol is utilized for chemotherapy related nausea, vomiting and AIDS associated weight loss. MTUS states "Not recommended. In total, 11 states have approved the use of medical marijuana for the treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids. Restricted legal access to Schedule I drugs, such as marijuana, tends to hamper research in this area. It is also very hard to do controlled studies with a drug that is psychoactive because it is hard to blind these effects. At this time it is difficult to justify advising patients to smoke street grade marijuana, presuming that they will experience benefit, when they may also be harmed." Guidelines do not support the use of Marinol for chronic pain. In addition the treating physician has not provided documentation of chemotherapy related or AIDS associated weight loss. As such, the request for Marinol 5 mg #90 is not medically necessary.

Roxicodone 30 mg #240: 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Cervical (Acute and Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, the patient's

morphine equivalent dose is far in excess of the guideline recommended maximum of 120. As such the request for Roxicodone 30 mg #240 is not medically necessary.

1 trigger point injection of the neck: 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 Trigger point injections Page(s): 122.

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. (2) Symptoms have persisted for more than three months. (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. (4) Radiculopathy is not present (by exam, imaging, or neuro-testing). (5) Not more than 3-4 injections per session. (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. (7) Frequency should not be at an interval less than two months. (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The medical documents do meet some criteria for trigger point injections per MTUS. Guidelines state there must be documented trigger points, however, the treating physician has not provided trigger points in the cervical spine. As such, the request for 1 trigger point injection of the neck is not medically necessary.