

Case Number:	CM14-0207091		
Date Assigned:	12/19/2014	Date of Injury:	10/30/2006
Decision Date:	02/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/10/2014

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 Interventional spine 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:

The patient is a 55 year old female with an injury date of 10/30/06. The 11/21/14 Pain management progress report by [REDACTED] states the patient presents with increased chronic neck pain radiating to the bilateral shoulder areas and left upper extremity with associated numbness, tingling and weakness. Worst pain is rated 4/10. The 11/24/14 PTP progress report by [REDACTED] states the patient presents with left hand and wrist pain with some radiation to the upper neck along with stress and anxiety. Pain is currently rated 5/10. Examination of the cervical spine shows tenderness along with tenderness in the bilateral trapezius and left upper extremity. Palpable trigger point are noted in the muscles of the head and neck. Sensation is decreased in the bilateral hand. Examination on 11/24/14 reveals the patient is using a left wrist brace with left wrist tenderness and left shoulder tenderness down to the hand. Grip strength is extremely weak. Pain from the cervical down to the lumbar spine L4-5 is very sensitive and tender. The patient's diagnoses include: 1. Cervicalgia 2. Degenerative disc disease, cervical 3. Arm pain 4. Radiculopathy of the cervical spine 5. Chronic pain (11/24/14 report) 6. "Teunspcynov" Hand/wrist (11/24/14 report) 7. Spasm of muscle (11/24/14 report) Past treatment for the neck includes physical therapy, trigger point injections, ganglion or impar block, nerve block and TENS which have been partially beneficial. Spinal Cord Stimulation was not helpful. Medications are listed as: Norco (breakthrough pain control), Cymbalta, Celebrex, Lidoderm patch, and MsContin (long acting pain control). The utilization review dated 12/05/14 denied the request for Urine Drug Screen as the continued use of opioid medication is not medically necessary. Reports were provided for review from 02/21/14 to 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Urine Drug Test

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug testing.

Decision rationale: The patient presents with chronic neck pain radiating to the bilateral shoulder and left upper extremity with associated numbness, tingling and weakness along with left hand and wrist pain with some radiation to the neck. The current request is for Urine Drug Screen. The 12/05/14 utilization review states the report containing the request is dated 11/25/14. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The reports provided are unclear regarding the history of Urine Drug Screening for this patient. Numerous reports state, "Patient was asked to give urine sample for urine drug toxicity screening test to be done after authorization." However, the reports do not state that authorization was received, if the test was completed or the results of any tests. No UDS reports are provided. The utilization review does not cite other UDS's. The reports show that the patient is prescribed opioids on a long term basis (Hydrocodone since at least 02/27/14 and Oxycodone since 04/28/14). In this case, long term-opioid use is documented and there is no evidence of a recent UDS completed for this patient. The request is medically necessary.

1 prescription of MS Contin 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with chronic neck pain radiating to the bilateral shoulder and left upper extremity with associated numbness, tingling and weakness along with left hand and wrist pain with some radiation to the neck. The current request is for 1 prescription of MS Contin 30mg (Oxycodone, an opioid). The 12/05/14 utilization review states the report containing the request is dated 11/25/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports

provided show the patient has been prescribed this medication since 04/28/14. The treater states this medication is for long acting pain relief. The 11/27/14 report states, "Patient reports adequate pain relief with present medication regimen and pain control levels are better." Pain is routinely assessed through the use of pain scales. Worst pain is rated 3-5 from 06/30/14 to 10/20/14 and current pain as 4/10 on 11/21/14 and 5/10 on 11/24/14. The 11/27/14 report further states regarding the patient's medication, "Patient is able to carry out daily routine physical activities and shown functional improvement and is able to do socializing without any support or dependencies." However, this information does not provide specific ADL's to show a significant change with use of this medication. Opiate management issues are not fully addressed. The reports do repeatedly show the patient was counseled regarding the benefits of medications and potential side effects and that the patient's mood and affect are normal. The treater also states repeatedly that the patient was asked to give a urine sample for testing; however, no results of UDS's are documented and no Urine Toxicology reports are provided for review. There is no mention of CURES or a pain contract. No outcome measures are provided. In this case, there is not sufficient documentation of ADL's or opiate management to support long-term opioid use as required by MTUS. The request is not medically necessary.

1 prescription of Norco 5/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with chronic neck pain radiating to the bilateral shoulder and left upper extremity with associated numbness, tingling and weakness along with left hand and wrist pain with some radiation to the neck. The current request is for 1 prescription of Norco 5/325mg (Hydrocodone, an opioid). The 12/05/14 utilization review states the report containing the request is dated 11/25/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since at least 02/27/14 the treater states this medication is for break through pain relief. The 11/27/14 report states, "Patient reports adequate pain relief with present medication regimen and pain control levels are better." Pain is routinely assessed through the use of pain scales. Worst pain is rated 3-5 from 06/30/14 to 10/20/14 and current pain as 4/10 on 11/21/14 and 5/10 on 11/24/14. The 11/27/14 further states regarding the patient's medication, "Patient is able to carry out daily routine physical activities and shown functional improvement and is able to do socializing without any support or dependencies." However, this information does not provide specific ADL's to show a significant change with use of this medication. Opiate management issues are not fully addressed. The reports do repeatedly show the patient was counseled regarding the benefits of medications and potential side effects and that the patient's mood and affect are normal. The treater also states

repeatedly that the patient was asked to give a urine sample for testing; however, no results of UDS are documented and to Urine Toxicology reports are provided for review. There is no mention of CURES or a pain contract. No outcome measures are provided. In this case, there is not sufficient documentation of ADL's or opiate management to support long-term opioid use as required by MTUS. The request is not medically necessary.

4 trigger point injections: Upheld

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

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

Decision rationale: The patient presents with chronic neck pain radiating to the bilateral shoulder and left upper extremity with associated numbness, tingling and weakness along with left hand and wrist pain with some radiation to the neck. The current request is for 4 trigger point injections. The 12/05/14 utilization review states the report containing the request is dated 11/25/14. The MTUS, Trigger point injections, Page 122 has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. MTUS also states, "Not recommended for radicular pain." Also, "Not recommended for typical back pain or neck pain." The treater does not discuss the reason for this request in the reports provided. The 11/21/14 report states, "Patient states that she had good relief from pain after the trigger point injection..." The dates of the injections and extent and duration of pain relief are not documented. In this case, trigger point injections are indicated for myofascial pain which is not documented to be present in this patient. There is no documentation of evidence of a twitch response on palpation. The patient is documented with cervical radiculopathy and MTUS states trigger point injections are not recommended for radicular pain or typical back or neck pain. The reports do not document how the patient's pain is not typical. The request is not medically necessary.