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| Case Number: | CM14-0215915 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 02/03/2004 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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: Pennsylvania

Certification(s)/Specialty: Internal 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 46-year-old male who has reported widespread pain after an assault on 02/03/2004. The diagnoses have included cervical herniated disc, 2 level cervical fusion 2004, lumbar radiculopathy, chronic pain syndrome, insomnia, and neuropathic pain. Treatments have included anterior fusion of C5 and C6, knee surgery, physical therapy, massage, acupuncture, injections, Transcutaneous electrical nerve stimulation (TENS) unit, and medications. Tramadol, Robaxin, Topamax, and BuTrans have been prescribed chronically during 2014 by the prior treating physician. Prior cervical epidural steroid injections were reported to provide some benefit, although there are no reports from the time of those injections to corroborate this. The Agreed Medical Examination (AME) of 4/9/13 did not describe any specific benefit from any epidural steroid injection, but did describe worsened pain over time. Urine drug screens have been performed very frequently, approximately monthly, with no inconsistent results other than one abnormal pH, which was not addressed by the treating physician. The injured worker apparently changed treating physicians as of 11/11/14. The evaluation of 11/11/2014 is the source of the treatment requests referred for this Independent Medical Review. Per that report, there was radicular neck pain, headaches, shoulder pain, back pain, and leg pain. Specific radicular symptoms were not reported. Pain was 6-8/10 and pain limited light activities. There was a history of 6 epidural steroid injections for the neck and low back, with temporary pain relief. [No dates or further details were discussed for these injections.] He last worked on 11/3 or 11/4/14. 10 medications were listed as currently used for pain. The record review lists a cervical epidural steroid injection on 2/22/13 and a lumbar epidural steroid injection on 10/22/12. A cervical MRI of 9/30/11 showed no nerve root impingement. A lumbar MRI of 4/8/13 showed degenerative disc disease. The physical examination was limited to the neck, low back, and

shoulder, with no signs of significant pathology. There was good range of motion and tenderness. There was no discussion of the results of using any prior medication. The treatment plan was for continuation of medications, urine point of care testing, initial labs, and referral to pain management for epidurals of the cervical and lumbar spine. Work status was "modified" but not described. The lab tests were stated to be for assessment of liver and kidney function and assure no drug-drug interactions. On 12/08/2014 Utilization Review partially certified BuTrans and tramadol, and non-certified Robaxin, a urine drug screen, epidural steroid injections, lab testing, and a pain management referral. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

BuTrans 20 mcg/hour patch every seven days #4 with one refill quantity:8.00: 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 Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials, Buprenorphine Page(s): 77/81, 94, 80, 81, 60, 26.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The treating physician has prescribed opioids without consulting prior records of use, prior drug tests, or providing an adequate assessment of function and the results of prior use. This injured worker was on a variety of medications which the treating physician simply continued without a proper assessment. The work status was not adequately assessed, discussed, or listed. There is no evidence that the treating physician considered a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The specific nature of any drug testing program was not discussed and the prior drug testing results were not discussed or considered. The prescribing physician does not specifically address function with respect to prescribing opioids. Buprenorphine has agonist and antagonist actions. It will block the effect of other agonist opioids. It is not clear why it has been prescribed along with tramadol. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the request is not medically necessary.

Robaxin 750 mg three times daily as needed #90 with one refill quantity 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The treating physician did not assess the prior results of use, duration of use, or present reasons why this medication should simply be continued contrary to treatment guidelines. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Tramadol 50mg three times daily #90 with one refill quantity:180.00: 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 Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials, Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, 113.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The treating physician has prescribed opioids without consulting prior records of use, prior drug tests, or providing an adequate assessment of function and the results of prior use. This injured worker was on a variety of medications which the treating physician simply continued without a proper assessment. The work status was not adequately assessed, discussed, or listed. There is no evidence that the treating physician considered a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The specific nature of any drug testing program was not discussed and the prior drug testing results were not discussed or considered. The prescribing physician does not specifically address function with respect to prescribing opioids. The physician has also prescribed buprenorphine. Buprenorphine has agonist and antagonist actions. It will block the effect of other agonist opioids. It is not clear why it has been prescribed along with tramadol. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the request is not medically necessary.

In-office urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction, urine drug screen to assess for the use or the presence of illegal drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT).

Decision rationale: The MTUS and other guidelines recommend some form of urine drug screens for patients taking opioids. However, in this case the treating physician did not adequately assess this injured worker for ongoing opioids, as discussed above. The drug testing is not indicated on this basis at minimum. In addition, the treating physician did not provide any details about the specific kinds of testing planned. A "urine drug screen" may refer to a large variety of tests, collection methods, and drugs to be assayed. None of the details were provided. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The treating physician would need to address these issues to ensure that testing is done appropriately and according to guidelines. Strict collection procedures must be followed, testing should be appropriate and relevant to this patient, and results must be interpreted and applied correctly. This is in addition to a chronic opioid program which complies with guideline recommendations. The urine drug screen is not medically necessary based on overall lack of compliance with the guidelines cited, and the lack of sufficient information about the proposed drug test.

Chemistry eight: 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The treating physician has stated that the lab tests prescribed, including the Chemistry 8, are for assessment of liver and kidney function. There were no more specific indications or reasons given why this particular injured worker might need testing. Routine testing of patients without specific indications is not indicated. Some testing may be indicated for some patients with specific indications and risk factors but there was not an adequate clinical evaluation and discussion of the indications in the reports. A sample guideline is cited above. This guideline gives an example of testing recommended for patients taking a specific medication (an NSAID). There are other indications but the treating physician did not provide any so the test is not medically necessary.

Hepatic function panel: 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The treating physician has stated that the lab tests prescribed, including the hepatic function panel, are for assessment of liver and kidney function. There were no more specific indications or reasons given why this particular injured worker might need testing. Routine testing of patients without specific indications is not indicated. Some testing may be indicated for some patients with specific indications and risk factors but there was not an adequate clinical evaluation and discussion of the indications in the reports. A sample guideline is cited above. This guideline gives an example of testing recommended for patients taking a specific medication (an NSAID). There are other indications but the treating physician did not

provide any so the test is not medically necessary.

C-reactive protein (CRP): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 255, 269, 274.

Decision rationale: The treating physician has stated that the lab tests prescribed, including the CRP, are for assessment of liver and kidney function. There were no more specific indications or reasons given why this particular injured worker might need testing. Routine testing of patients without specific indications is not indicated. Some testing may be indicated for some patients with specific indications and risk factors but there was not an adequate clinical evaluation and discussion of the indications in the reports. CRP is not a measure of kidney or liver function.

Therefore the request is not medically necessary.

Creatine phosphokinase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: UpToDate, Muscle enzymes in the evaluation of neuromuscular diseases, In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: The treating physician has stated that the lab tests prescribed, including the CPK, are for assessment of liver and kidney function. There were no more specific indications or reasons given why this particular injured worker might need testing. Routine testing of patients without specific indications is not indicated. Some testing may be indicated for some patients with specific indications and risk factors but there was not an adequate clinical evaluation and discussion of the indications in the reports. CPK is not a measure of kidney or liver function. The indications in this case are not clear. A sample guideline is cited above. The MTUS does not provide direction for CPK testing. This guideline gives an example of testing recommended for patients with evidence for neuromuscular diseases. There are other indications as well but the treating physician did not provide any so the test is not medically necessary.

Arthritis panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision. Char Format

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 255, 269, 274.

Decision rationale: The treating physician has stated that the lab tests prescribed, including the arthritis panel, are for assessment of liver and kidney function. There were no more specific indications or reasons given why this particular injured worker might need testing. Routine

testing of patients without specific indications is not indicated. Some testing may be indicated for some patients with specific indications and risk factors but there was not an adequate clinical evaluation and discussion of the indications in the reports. An arthritis panel is not a measure of kidney or liver function. The indications in this case are not clear. A sample guideline is cited above. This guideline gives an example of testing recommended for patients with evidence for inflammatory conditions. There are other indications as well but the treating physician did not provide any so the test is not medically necessary.

CBC: 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The treating physician has stated that the lab tests prescribed, including the CBC, are for assessment of liver and kidney function. There were no more specific indications or reasons given why this particular injured worker might need testing. Routine testing of patients without specific indications is not indicated. Some testing may be indicated for some patients with specific indications and risk factors but there was not an adequate clinical evaluation and discussion of the indications in the reports. A sample guideline is cited above. This guideline gives an example of testing recommended for patients taking a specific medication (an NSAID). There are other indications but the treating physician did not provide any so the test is not medically necessary.

Pain management consultation: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This referral was for the purpose of epidural steroid injections. Epidural steroid injections may be performed by pain management specialists. The epidural steroid injections are not medically necessary per the discussion below. As such, this referral is therefore not medically necessary.

Cervical epidural steroid injection with imaging guidance: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is poor evidence supporting cervical epidural

steroid injection for radicular pain. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression, and there are no clinical findings which correlate with the MRI. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with "other rehab efforts, including continuing a home exercise program," or a concurrent "more active treatment program." The MTUS recommends only one injection at a time, with any repeat injection to be considered based on the degree of pain relief and functional improvement after the initial injection. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement did not occur after the last epidural steroid injection. The only available report from the approximate time after the injections was the AME noted above. That report noted a progressive worsening of neck and back pain in spite of injections, and no specific benefit. An epidural injection is not medically necessary based on the MTUS indications, which are not met in this case.

Lumbar epidural steroid injection with imaging guidance: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression, and there are no clinical findings which correlate with the MRI. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with "other rehab efforts, including continuing a home exercise program," or a concurrent "more active treatment program," The MTUS recommends only one injection at a time, with any repeat injection to be considered based on the degree of pain relief and functional improvement after the initial injection. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement did not occur after the last epidural steroid injection. The only available report from the approximate time after the injections was the AME noted above. That report noted a progressive worsening of neck and back pain in spite of injections, and no specific benefit. An epidural injection is not medically necessary based on the MTUS indications which are not met in this case.