

Case Number:	CM15-0000689		
Date Assigned:	01/12/2015	Date of Injury:	07/07/2014
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/02/2015

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 & Rehabilitation

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 was a 45 year old female, who sustained an industrial injury, July 7, 2014. The injured worker sustained injuries to the cervical, lumbar, right shoulder and right wrist. The right wrist and right shoulder were denied for accepted body parts. The injured worker chief complains were cervical and lumbar pain. The injured worker had a home TENS Unit, physical therapy and home exercise program. The primary provider requested prescriptions for Ultram ER and Voltaren XR for pain. The request for cervical trapezial trigger injections for relief from cervical pain and the urine toxicology test for ODG guidelines for pain medication usage. On December 9, 2014, the UR denied an ultrasound guided cervical trapezial trigger injections, a urine drug screening prescriptions for Ultram ER and Voltaren XR. The cervical trapezial trigger injections were denied on the bases of the MTUS guidelines for cervical trapezial trigger injections. The Ultram was denied due to the lack of documentation to support significant improvement in pain. The Voltaren XR was denied on the bases of the MTUS guidelines was not recommended due to the cardiovascular complications and possible sudden liver failure. The urine toxicology testing was denied on the bases of the ODG guidelines for Urine Drug Testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cervical trapezial trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injection Page(s): 122.

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

Decision rationale: The patient is a 45 year old female with an injury date of 07/07/14. Based on the 11/19/14 progress report provided by treating physician, the patient presents with cervical and thoracic spine pain, and right shoulder pain rated 4/10 with and 6-7/10 without medications. The request is for ULTRASOUND GUIDED CERVICAL TRAPEZIAL TRIGGER POINT INJECTION. Patient's diagnosis included cervical/trapezial musculoligamentous sprain/strain with muscle contractions and headaches, per Request for Authorization form dated 11/19/14. The patient is attending acupuncture, and continues with home TENS unit. The patient is temporarily totally disabled. The MTUS Guidelines, on page 122, state that 'trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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.' Treater has not provided reason for the request. Physical examination to the cervical spine on 11/19/14 revealed tenderness to palpation over the paravertebral musculature and trigger points in the bilateral upper trapezius muscles. However, there is no documentation of "circumscribed trigger points" with evidence upon palpation of a "twitch response" as well as referred pain, as required by guidelines. Furthermore, there is no guidelines support for the use of U/S for trigger point injections. The request IS NOT medically necessary.

Ultram ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient is a 45 year old female with an injury date of 07/07/14. Based on the 11/19/14 progress report provided by treating physician, the patient presents with cervical and thoracic spine pain, and right shoulder pain rated 4/10 with and 6-7/10 without medications. The request is for ULTRAM ER 150MG #30. Patient's diagnosis included right wrist sprain with carpal tunnel syndrome with history of right carpal tunnel release performed in September

2013, per Request for Authorization form dated 11/19/14. The patient is attending acupuncture, and continues with home TENS unit. Patient's medications include Ultram and Voltaren, per treater reports dated 10/10/14 and 11/19/14. First mention of Ultram in progress report dated 07/09/14. Treater states patient is able to perform ADL's, improve participation in HEP and has improved sleep pattern. The patient is temporarily totally disabled. 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. In this case, treater has not stated how Ultram reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. UDS dated 10/13/14 was provided to address medication compliance. However, there are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Voltaren XR 100 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Pain (Chronic) Chapter, under Diclofenac

Decision rationale: The patient is a 45 year old female with an injury date of 07/07/14. Based on the 11/19/14 progress report provided by treating physician, the patient presents with cervical and thoracic spine pain, and right shoulder pain rated 4/10 with and 6-7/10 without medications. The request is for VOLTAREN XR 100MG #30. Patient's diagnosis included right wrist sprain with carpal tunnel syndrome with history of right carpal tunnel release performed in September 2013, per Request for Authorization form dated 11/19/14. The patient is attending acupuncture, and continues with home TENS unit. Patient's medications include Ultram and Voltaren, per treater reports dated 10/10/14 and 11/19/14. Treater states patient is able to perform ADL's, improve participation in HEP and has improved sleep pattern. The patient is temporarily totally disabled. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Voltaren was prescribed in progress reports dated

07/16/14, 10/10/14 and 11/19/14. Patient was prescribed Motrin per treater report dated 07/07/14. ODG supports Voltaren when other NSAIDs have failed and the patient is at a very low risk profile. It appears patient has tried another NSAID. However, treater has not discussed reason for prescribing Voltaren over another NSAID, nor indicated patient's risk profile. Therefore, the request IS NOT medically necessary.

Urine drug screen: Overturned

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

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

Decision rationale: The patient is a 45 year old female with an injury date of 07/07/14. Based on the 11/19/14 progress report provided by treating physician, the patient presents with cervical and thoracic spine pain, and right shoulder pain rated 4/10 with and 6-7/10 without medications. The request is for URINE DRUG SCREEN. Patient's diagnosis included right wrist sprain with carpal tunnel syndrome with history of right carpal tunnel release performed in September 2013, per Request for Authorization form dated 11/19/14. The patient is attending acupuncture, and continues with home TENS unit. Patient's medications include Ultram and Voltaren, per treater reports dated 10/10/14 and 11/19/14. Treater states patient is able to perform ADL's, improve participation in HEP and has improved sleep pattern. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. MTUS does support urine drug screens for compliance or aberrant behavior. However, the issue in this case appears to be the frequency of drug testing. MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. Treater states in progress report dated 12/09/14, "repeat Urine Drug Screen as it was positive for Oxymorphone and Tramadol." Toxicology report dated 10/13/14 was provided. Repeat UDS would appear reasonable given inconsistent results. The request IS medically necessary.