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| Case Number: | CM15-0008331 | | |
| Date Assigned: | 01/23/2015 | Date of Injury: | 10/28/1993 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 10/28/1993. He has reported that while lifting a stack of cardboard boxes, he slipped and fell on a wet concrete floor sustaining injuries to the head, neck, and back. The injured worker was diagnosed with cervical strain/sprain, right shoulder sprain/strain with mild to moderate impingement, thoracolumbar strain/sprain, bilateral carpal tunnel syndrome, lumbar spine sprain/strain, lumbar five to sacral disc injury, right knee sprain/strain with possible internal derangement, and chronic pain syndrome. Treatment and diagnostic studies to date has included laboratory studies and medication history of OxyContin, Oxycodone, Percocet, Nexium, Marinol, Compazine, and Roxicodone. Currently, the injured worker complains of chronic nausea and severe neck pain with difficulty breathing along with complaints of pins and needles radiating into the left arm. The injured worker also reported that he was unable to raise his left arm for full overhead extension or abduction. The treating physician requested Zofran for chronic nausea and requested a trigger point injection for the neck. However the documentation did not indicate the reason for the request for Roxicodone. On 01/05/2015 Utilization Review modified a prescription for Roxicodone 30mg with a quantity 240 to Roxicodone 30mg with a quantity of 120 and non-certified the prescriptions for Zofran 8mg with a quantity of 30 with 1 refill, and a trigger point injection with all requested treatments between the dates of 12/24/2014 to 03/01/2015, noting the California Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Patients prescribed opioids chronically require ongoing monitoring for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there are improvements in pain and functionality and there are no intolerable side effects or aberrant drug use. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, there seems to be no functional improvement as a consequence of the medication. No specific functionality scales are included for review. There seems to be no reduction in the dependency on continued medical treatment. Pain levels remain in the severe range despite a total morphine equivalency greatly exceeding 120 milligrams per day. Therefore, Roxicodone 30mg #240 is not medically necessary. Reduced quantities have already been certified by utilization review to allow for weaning.

Zofran 8mg #30 wit 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: Anti-emetics like Zofran are not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In this instance, the

treating physician states that he would like to try Zofran for the chronic nausea which he feels is a consequence of the injured worker's non-industrial Crohn's disease because Marinol was not certified. A strict application of the guidelines does not allow for Zofran use for opioid induced nausea and again Crohn's disease is a non-industrial condition. Therefore, Zofran 8mg #30 with 1 refill is not medically necessary as it pertains to this injured worker's industrial injuries.

Trigger point injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: Criteria for the use of TPIs (Trigger point injections): TPIs with a local anesthetic may be recommended for the treatment of 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) No more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use 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) TPIs with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate a lack of appropriate diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment. In this instance, the documentation provided specifically states that there are no regions of trigger point tenderness in the neck region which is the location matching the request. Because trigger point tenderness with a twitch response is not documented in the submitted record, a trigger point injection is not medically necessary (site unspecified).