

Case Number:	CM15-0009010		
Date Assigned:	02/06/2015	Date of Injury:	04/01/1994
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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: New York

Certification(s)/Specialty: Emergency 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 60 year-old male who has reported radiating neck and back pain after an injury on 4/1/94. The diagnoses have included post laminectomy lumbar syndrome, status post previous cervical fusion surgery, cervical facet syndrome, muscle spasms, and tension headache. Reports show a hospital admission in 2013 for bipolar disorder. Treatment has included medications, trigger point injections, nerve blocks, physical therapy, and surgery. The primary treating physician reports during 2014 show chronic prescribing of the medications now under Independent Medical Review. The primary treating physician monthly reports are stereotyped and nearly all give the same information. There is no discussion of the specific results of using any of the medications and no discussion of specific functional changes. Work status is consistently temporarily totally disabled. Urine drug screens are performed at each office visit, although the reports state that testing is random. There is no discussion of the indications for such frequent testing. The treating physician does not discuss the results of these tests, which are always positive for the benzodiazepine, oxycodone, and fentanyl. Recent tests were negative for butalbital which was not discussed. Per the PR2 on 11/4/14 there was worsening pain in the neck, head, and upper back. The injured worker requested injections. Occipital and trigger point injections were given. On 12/2/14 and 12/30/14 the symptoms were the same and there was no discussion of the prior injections. There was no change in function or medication usage. On 1/7/15 Utilization Review partially certified Lorazepam 1mg #90. UR non-certified fentanyl patches, Roxicet, Flexeril, 8 trigger point injections (4 on the left, 4 on the right), occipital nerve blocks, Botox injection, and 1 urine drug screen. Note was made of prior recommendations for

opioid weaning, lack of efficacy from the current regimen, and lack of compliance with the MTUS recommendations. 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:

1 prescription of Fentanyl patches 75mcg/hr #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, indications, Chronic back pain.

Decision rationale: The Official Disability Guidelines state that fentanyl is not recommended for musculoskeletal pain. There is no 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, and there should be a prior failure of non-opioid therapy. The reports are stereotyped and it is difficult to determine any actual results of treatment. There is no evidence of increased function from the opioids used to date. The reports refer to non-specific changes in function which are vague and stereotyped. The prescribing physician does not specifically address function with respect to prescribing opioids. The prescribing physician describes this patient as temporarily totally disabled, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The urine drug screens are not random, as they are at office visits only. As currently prescribed, fentanyl does not meet the criteria for long term opioids as elaborated in the MTUS or the Official Disability Guidelines and is therefore not medically necessary.

1 prescription of Roxicet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, indications, Chronic back pain.

Decision rationale: There is no 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, and there should be a prior failure of non-opioid therapy. The reports are stereotyped and it is difficult to determine any actual results of treatment. There is no evidence of increased function from the opioids used to date. The reports refer to non-specific changes in function which are vague and stereotyped. The prescribing physician does not specifically address function with respect to prescribing opioids. The prescribing physician describes this patient as temporarily totally disabled, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The urine drug screens are not random, as they are at office visits only. As

currently prescribed, oxycodone does not meet the criteria for long term opioids as elaborated in the MTUS or the Official Disability Guidelines and is therefore not medically necessary.

1 prescription of Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, cyclobenzaprine Page(s): 41-42, 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 months at minimum. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

1 prescription of Lorazepam 1mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. The reports do not discuss the results of using this medication. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

8 trigger point injections (4 on the left, 4 on the right): 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 MTUS provides specific direction for the indications and performance of trigger point injections (TPI). TPI is recommended only for myofascial pain syndrome, as defined in the MTUS. TPI is not indicated for typical or non-specific neck and back pain. This

patient does not have myofascial pain syndrome per the available reports. Per the MTUS, up to 4 TPIs may be given at a session. 8 injections were given, which exceeds the maximum. The trigger point injections are not medically necessary based on the MTUS.

1 occipital nerve blocks bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Greater occipital nerve block

Decision rationale: The MTUS does not address occipital nerve blocks. The Official Disability Guidelines state that these blocks are under study, and that there is inconsistent evidence supporting them for any particular kind of headache. The treating physician has not adequately address the headaches in this injured worker with respect to diagnosis, treatment to date, and the response to prior injections. It appears that there were prior occipital nerve blocks and the response to those blocks was not described. Assuming any indication now, this or any other block of this sort should not be given at the same time as other blocks in the same region, as this makes it too difficult to determine the results. The treating physician gave occipital nerve blocks at the same time that he gave trigger point injections. The blocks are not medically necessary due to lack of sufficient clinical evaluation, administration at the same time as other injections, and lack of good medical evidence.

1 trial of Botox injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (trauma, headaches, etc., not including stress & mental disorders)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 26.

Decision rationale: The MTUS does not recommend botulinum toxin for most chronic pain conditions. This injured worker does not have cervical dystonia or chronic low back pain in the context of a functional restoration program, the only conditions for which botulinum toxin might be indicated. Botulinum toxin is not medically necessary based on lack of medical necessity and the MTUS.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens

Decision rationale: Urine drug screens have been performed at every visit with no specific rationale. The cited guidelines recommend up to 4 times a year for low and intermediate risk patients. The treating physician has not stated why such frequent tests are required. Testing should be random, not at office visits. The testing has been largely consistent with prescriptions. Some tests did not show butalbital, which may be explainable for a prn medication but the treating physician has not discussed this result in any reports and did not change prescribing of this drug. The additional, and unusually frequent, testing is not medically necessary based on the guideline recommendations, and the lack of the treating physician's use of the test results with respect to butalbital.