

Case Number:	CM15-0102342		
Date Assigned:	06/04/2015	Date of Injury:	09/26/1997
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/27/2015

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: Colorado

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 77-year-old male who sustained an industrial injury on 9/27/97. The mechanism of injury was unclear. He currently complains of ongoing low back pain that radiates down both lower extremities with right greater than left. His pain level is 5/10. On physical exam he had decreased range of motion of the cervical spine with post-cervical lumbar musculature tenderness to palpation bilaterally and numerous trigger points; lumbar spine exam revealed tenderness on palpation bilaterally with increased muscle rigidity and decreased range of motion. Medications are Neurontin, Ultracet, Anaprox, Prilosec, Fexmid and Colace. Diagnoses include lumbar degenerative disc disease with bilateral facet joint arthropathy/syndrome; right total knee replacement (1999 non-industrial); left knee internal derangement, status post arthroscopy in 2014; medication-induced gastritis. Treatments to date include lumbar epidural steroid injections, the most recent 12/2/14 with good benefit for three months and 60-70% in pain relief; left knee corticosteroid injection (3/20/15) with very good response. Diagnostics include MRI of the lumbar spine (1/9/14) showing multilevel disc disease; left knee x-ray (3/2015) showing moderate to severe degenerative changes; lumbar spine computed tomography (6/8/07) showing degenerative disc disease. In the progress note dated 4/20/15 the treating provider's plan of care included Fexmid; urine drug screen; physical therapy for the lumbar spine 2X6; trigger point injections to the lumbar spine; Synvisc injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42, and 64.

Decision rationale: Fexmid (Cyclobenzaprine), and other antispasmodics are recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help more than placebo with back pain and fibromyalgia, but has several side effects that limit its use. Furthermore, Cyclobenzaprine works best in the first 4 days of use, so short courses recommended, no more than 2-3 weeks. No quality consistent evidence exists to support chronic use of cyclobenzaprine. Common side effects of Cyclobenzaprine include: anticholinergic effects (drowsiness, urinary retention and dry mouth). Sedative effects may limit use. Headache has been noted. This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. Side effects limit use in the elderly. (See, 2008) (Toth, 2004). The records supplied indicate patient has been taking Cyclobenzaprine greater than 3 months. Furthermore, the notes do not indicate if the Cyclobenzaprine has been helpful with spasm. As there is no support, per the guidelines, for long-term use, and as the patient of concern has no documented clinical improvement in spasm when using the Cyclobenzaprine, the request for Fexmid (Cyclobenzaprine) is not medically indicated.

Physical Therapy , twelve sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99.

Decision rationale: Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. For the patient of concern, the records include complaints of low back pain. The record also indicates patient has already failed to improve with physical therapy, so injections are being requested and performed. The record does not indicate the number of physical therapy sessions previously attempted, or the dates of previous physical therapy. The request for 12 sessions of physical therapy exceeds the total number of recommended sessions for diagnoses specified in MTUS, except diagnosis CRPS which patient does not have. Based on the above, the request for 12 sessions of physical therapy is therefore not medically indicated.

Left knee Synvisc injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Viscosupplementation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation "Viscosupplementation: techniques, indications, results." Orthop Traumatol Surg Res. 2015 Feb; 101(1 Suppl): S101-8. doi: 10.1016/j.otsr.2014.07.027. Epub 2015 Jan 14. Legré-Boyer V1."Efficacy and safety of hylan G- F 20 injection in treatment of knee osteoarthritis in Chinese patients: results of a prospective, multicentre, longitudinal study." Hong Kong Med J. 2015 Jun 19. doi: 10.12809/hkmj144329. [Epub ahead of print] Yan CH1, Chan WL2, Yuen WH3, Yung PS4, Ip KY5, Fan JC6 "Long-Term (1-Year) Safety and Efficacy of a Single 6-mL Injection of Hylan G-F 20 in Indian Patients with Symptomatic Knee Osteoarthritis." Open Rheumatol J. 2014 Oct 2;8:54-68. doi: 10.2174/1874312901408010054. eCollection 2014. Pal S1, Thuppal S2, Reddy KJ3, Avasthi S4, Aggarwal A5, Bansal H6, Mohanasundaram S7, Bailleul F8."Are intra-articular injections of Hylan G-F 20 efficacious in painful osteoarthritis of the knee? A systematic review & meta-analysis." Int J Clin Pract. 2014 Aug;68(8):1041-7. doi: 10.1111/ijcp.12430. Epub 2014 May 5.Pai SK1, Allgar V, Giannoudis PV.

Decision rationale: The MTUS Guidelines do not address Synvisc injections, so other resources were consulted The ACOEM does not specifically address Synvisc, but invasive techniques including injections are generally not recommended per the ACOEM. In the literature, there is still debate regarding the efficacy of viscosupplementation (including Synvisc injections) because of a lack of consensus data supporting its use. Recent studies out of China and India have shown consistently statistically significant improvement in pain and function for up to 1 year for recipients of Synvisc injection for knee osteoarthritis. However, a recent meta-analysis of multiple previous studies regarding intra-articular injections of the knee with Synvisc did not show a difference between study participants and controls at 6 months with regard to pain. Without clear quality evidence in the literature to support the use of Synvisc, and without evidence to support a specific schedule for Synvisc injections, the request for Synvisc is not considered medically indicated.

Retrospective Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 78-79, 85, and 94.

Decision rationale: Per the Guidelines, opioid use should be monitored, and there are tools recommended for that, including the 4 A's for Ongoing Monitoring: Analgesia, Adverse effects, Activities of Daily Living, and Aberrant behaviors. Urine drug screens negative for the substances prescribed would be indicators of possible aberrant behavior including noncompliance and diversion. Within the Guidelines, Chelminski includes urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion) as one of the criteria defining serious substance misuse / non-adherence. Furthermore, evidence of serious non-adherence warrants immediate discontinuation of opioids.

For the patient of concern, the request is for authorization of urine drug screen that has already been completed. The recent urine drug screen referenced in the record as completed did not include testing for Tramadol, the medication patient is taking (as Ultracet), so that urine drug screen is not appropriate to monitor for patient compliance. As the urine drug screen completed was not adequate to monitor patient's compliance, it was not medically indicated and thus not retrospectively necessary.

Retrospective Trigger Point injections to the lumbar spine, quantity 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 122.

Decision rationale: Per the guidelines, trigger point injections are only recommended for myofascial pain syndrome, which is specifically defined as a "regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region." While trigger point injections, in some cases, have been used to maintain function, they are generally not of lasting value. A trigger point is defined as a localized area of tenderness and a taut band of skeletal muscle that can be palpated, resulting in a twitch in response to the palpation. Up to 50% of the adult population may have trigger points, but trigger point injections are only recommended when patient has myofascial pain syndrome that relates a trigger point to an area of referred pain. If patient has myofascial pain syndrome with unresolved trigger points, then trigger point injection with an anesthetic may be recommended. Addition of a steroid to the anesthetic in the injection is not generally recommended. Trigger point injections have not been proven effective and would therefore not be recommended in typical back or neck pain or in fibromyalgia. (Graff-Radford, 2004) (Nelemans-Cochrane,2002) (Goldenberg, 2004). Trigger point injections would only be recommended in chronic low back or neck pain with myofascial pain syndrome if all criteria for use are met: Trigger points must be documented with evidence of twitch response and referred pain upon exam. Symptoms must be present for > 3 months. Medical therapies including muscle relaxers, non-steroidal anti-inflammatory drugs, and physical therapy have failed to improve symptoms. There should be no Radiculopathy, by exam, imaging or other testing. No more than 3-4 injections are to be done per session. Repeat injections are not indicated unless pain relief > 50% and evidence of function improvement after initial injection is documented. No injections at interval of less than 2 months. Use of anything in the trigger point injection other than local anesthetic with or without steroid is not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004). Per the records supplied, the patient does have a diagnosis of myofascial pain syndrome of the lumbar musculature. Patient does have radiculopathy based on history, but no active radicular symptoms or physical findings of radiculopathy at time of trigger point injections. Based on the records supplied, patient does meet the criteria for trigger point injections. Therefore, the retrospective request for trigger point injections with Bupivacaine as reported was medically necessary.