

Case Number:	CM15-0103862		
Date Assigned:	06/10/2015	Date of Injury:	08/06/2002
Decision Date:	07/24/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/29/2015

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 61 year old female who has reported widespread pain after falling on 8/06/2002. The diagnoses have included chronic pain, radiculopathy, depression and anxiety, right shoulder impingement syndrome, left shoulder strain, medication induced gastritis, degenerative joint disease, lunate avascular necrosis, and post-laminectomy syndrome. Treatment has included left knee surgery in 2002, right knee surgery in 2003, cervical fusion in 2005 with revision in 2010, lumbar fusion in 2007, and left total knee replacement in 2011. Other treatments have included physical therapy, cortisone injections, medications, and a spinal cord stimulator, which was removed in 2014. Chronic medications have included Norco, Valium, Lidoderm, Neurontin, Cymbalta, and Celebrex. She has used marijuana for medical purposes. The treating physician has been seeing this injured worker on a monthly basis for years. The treating physician has stated that the injured worker cannot tolerate NSAIDs other than Celebrex and that Prilosec is for gastritis caused by her medications other than NSAIDs. Fexmid is listed in many of the reports, and stated to be used intermittently. None of the reports describe when the medication is actually taken. Doral was added on 10/10/14. All of her medications were stated to be necessary for allowing activities of daily living and not being bedridden. Trigger point injections have been given on a monthly basis. This injured worker has never returned to work after the 2002 injury. A urine drug screen on 4/23/13 was positive for benzodiazepines, cotinine, and hydrocodone. A urine drug screen on 1/16/14 was positive for nicotine and hydrocodone. No benzodiazepines were detected. This result was not discussed by the treating physician, and subsequent reports from the physician stated all drug test results have

been appropriate. Many of the drugs assayed had no apparent relevance for this injured worker. More drug tests were performed in 2014 but the results were not in the records. A urine drug screen on 2/16/15 was positive for gabapentin, benzodiazepines, and hydrocodone. On 3/18/15 Norco was stated to provide 40 percent pain relief for 3-4 hours and allow activities and chores around the house. Lidoderm was stated to help with muscle spasms. Lidoderm was also stated to be for neuropathic pain that was 100 percent relieved by Neurontin. Fexmid was dispensed for spasms. On 4/17/15 the injured worker is stated to have lost 30 pounds over the last year, attributed to dysphagia from neck surgery and pain. The treatment plan included continuation of the chronic medications and referral to an internist for medication-induced gastritis along with weight loss. Ensure was prescribed. On 5/2/15 Utilization Review certified a hand surgery referral, orthopedic referral, Gabapentin, Celebrex, Ensure, and Prilosec. Ultracet, Fexmid, trigger point injections, a urine drug screen, Norco, Valium, Lidoderm, a medical referral, and a medical treatment or weight loss were non-certified. The Official Disability Guidelines, the MTUS, and other guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical referral: 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 The expert reviewer found no guidelines were applicable.

Decision rationale: A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral with its indications. The request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations. The request to Independent Medical Review is for a referral which was not adequately defined. The treating physician reports list many kinds of medical problems and conditions. It is not clear which of these conditions this generic referral is intended to address. As requested, the referral is non-specific and does not provide a sufficient basis for medical necessity. Therefore the request is not medically necessary.

Medical treatment or weight loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN). management of patients with stroke: identification and management of dysphagia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guideline Network (SIGN); 2010 Jun. 42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert reviewer found no guidelines were applicable.

Decision rationale: A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral with its indications. As with the request #1 above, this request is non-specific and unclear. Medical treatment is excessively broad and could refer to any number of a vast array of treatments and conditions, or weight loss, might be referring to the recently reported weight loss over the last year, attributed to dysphagia after neck surgery. However, that is not what was requested and the request remains excessively non-specific and unclear. Therefore the request is not medically necessary.

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57.

Decision rationale: The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain (which is not radiculopathy) at a specific location for which Lidoderm was prescribed, or that she has failed the recommended oral medications. In fact, the injured worker was stated to have a 100 percent benefit from Neurontin, which would obviate any need for Lidoderm. Lidoderm is not indicated for spasm, the other reason the physician has prescribed it. Lidoderm is not medically necessary.

Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants Page(s): s 24 and 66.

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. None of the physician reports describe the actual pattern of use and the specific symptomatic and functional benefit from use. The physician has objected to prior Utilization Review denials of this medication, noting that it will precipitate withdrawal. He did not address the negative urine drug screen, which implies that the injured worker was not taking the medication for some period of time, making any discussion of

withdrawal moot. The negative drug test also questions the actual use of this medication rather than how it is prescribed. The MTUS does not recommend benzodiazepines for long term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. The MTUS does not recommend benzodiazepines as muscle relaxants. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

Norco 10/325mg #240: Upheld

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

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 Page(s): s 77-81, 94, 80, 81, and 60.

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. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. The use of Norco per the records goes back for at least 10 years or more. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. None of the tests were random, as they were all performed at office visits. Some of the test results were not in the records. At least one test was failed, and that test was not addressed by the treating physician. The records note that the injured worker has never returned to work after the injury in 2002, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. Functional improvement, per the MTUS, consists of a significant improvement in work status or activities of daily living, and a decreasing dependency on medical care. The treating physician has not described specific increases in activities or work status as a result of taking opioids. Improvement over bedridden status is not very significant. There is no evidence of an improvement in work status. There is no evidence of decreasing dependency on medical care, as office visits remain monthly for years, there have been ongoing tests, surgeries, injections, many medications, and other procedures. 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.

Urine drug screening: 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 Page(s): s 77-80, 94, 43, 77, 78, 89, and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS, as noted above. The tests performed to date have included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. The MTUS recommends random drug testing, not at office visits or regular intervals. All of the tests have been performed at office visits. The results of some of the tests were not provided. The treating physician has stated that all drug tests were appropriate. The failed drug test was never addressed, as noted above. 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. Given the lack of an opioid therapy program in accordance with the MTUS, the outstanding questions regarding the testing process, the prior testing that was not relevant, and the failure to address an inconsistent test result, another urine drug screen is not medically necessary.

Four trigger point injections through 27-gauge, 1.5 inch needle for a total of 10cc of 0.25% bupivacaine: 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 injured worker does not have myofascial pain syndrome, per the available reports. This injured worker received TPI treatment at nearly every monthly visit. No reports outline a sufficient degree of benefit per the MTUS criteria. These criteria include 50 percent pain relief for 6 weeks and functional improvement. This degree of pain relief is not evident as determined by continued use of other analgesics and reported pain levels. Functional improvement is not evidence as was noted above. TPI have been given more frequently than the minimum two month intervals specified in the MTUS. Additional trigger point injections are not medically necessary.

Fexmid 7.5mg #60: 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): s 63-66.

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. 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.

Ultracet 37.5/325mg #90: 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), Pain (Chronic); Opioids, specific drug list.

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, and 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. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient has failed a trial of non-opioid analgesics. The use of Norco per the records goes back for at least 10 years or more, during which time there was no evidence of functional improvement. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. None of the tests were random, as they were all performed at office visits. Some of the test results were not in the records. At least one test was failed, and that test was not addressed by the treating physician. The records note that the injured worker has never returned to work after the injury in 2002, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. Functional improvement, per the MTUS, consists of a significant improvement in work status or activities of

daily living, and a decreasing dependency on medical care. The treating physician has not described specific increases in activities or work status as a result of taking opioids. Improvement over bedridden status is not very significant. There is no evidence of an improvement in work status. There is no evidence of decreasing dependency on medical care, as office visits remain monthly for years, there have been ongoing tests, surgeries, injections, many medications, and other procedures. The addition of a second short-acting opioid is not indicated as well, in light of the failure of opioid therapy to date. 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. As currently prescribed, Ultracet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.