

Case Number:	CM15-0105732		
Date Assigned:	06/10/2015	Date of Injury:	08/21/1990
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 55 year old female who has reported low back pain after an injury on August 21, 1990. The diagnoses have included lumbar disc disease and radiculopathy. An MRI on 12/27/13 did not show any significant pathology. Treatment has included a lumbar laminectomy, opiates, other medications, injections, and physical therapy. Reports during 2014-2015 reflect ongoing low back pain and chronic medications, including Percocet, MS Contin, Soma, Neurontin, Motrin, Aleve. Pain generally ranged from 6-7/10, was constant, and limited all activities. On 9/9/14 the treating physician noted a urine drug screen that was negative for oxycodone in spite of the reported daily use of Percocet. The physician stated that he would stop prescribing Percocet. MS Contin was continued. Per a report of 10/7/14 the injured worker was working full-time as a teacher. MS Contin weaning was initiated on that day. There are two prescribers of opioids in the records, both apparently seeing the injured worker during 2015. Apparently prescriber #2, the physician from whom the requests for this Independent Medical Review originate, was prescribing Percocet and morphine. Prescriber #2 does not mention the failed drug test for oxycodone and does not present or discuss any drug test results. Prescriber #2 does not discuss function or work status. None of the reports from Prescriber #1 have a formal work status listed. Per the PR2 of 4/21/15 from prescriber #1, there was ongoing 6/10 low back pain. The back brace was worn out. The treatment plan included MS Contin, Neurontin, and a new brace. Per the PR2 of 5/5/15 from prescriber #2, the ongoing medications were Percocet, MS Contin, gabapentin, and diclofenac. A low back "trigger" was present. The brace needed replacing. The treatment plan included a trigger point injection, a back brace, and continued

medications. There was no work status, discussion of function, or discussion of the specific results of using any single medication. After the Utilization Review of 5/21/15, the primary treating physician, prescriber #2, submitted a report of 6/4/15. The injured worker was in 6/10 pain, was in no distress, and had limited back range of motion. The treatment plan was a generic mention of treatment techniques without any specific treatment items related to the current requests. On 5/21/15 Utilization Review certified diclofenac, gabapentin, and a urine drug screen. A trigger point injection, a back brace, Percocet, and MSER were non-certified. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection: Upheld

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

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. In order to qualify for TPI, no radiculopathy should be present. This patient has been described as having radiculopathy. Trigger point injections are not medically necessary based on the MTUS.

1 back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 308. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Update 4/7/08, Low Back Chapter, page 138, lumbar supports.

Decision rationale: The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. The treating physician has not provided any specific evidence to counter these guideline recommendations. The lumbar brace is therefore not medically necessary.

1 prescription for Percocet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen).

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): 77-81, 94, 80, 81, 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. None of the reports from the two prescribing physicians list a formal work status. The injured worker may be working per some reports from Prescriber #1. Prescriber #2 does not address work status or function at all. However, working status is not the sole criterion for continuing opioids. 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. There is no evidence of random or any other kind of urine drug screens from Prescriber #2. The injured worker failed a urine drug screen with Prescriber #1 and the response of continuing one of the two opioids was not adequate. A more global assessment of the opioid program should have been initiated, with much closer scrutiny of opioid intake, at minimum. The records show that this patient is receiving opioids from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy. The ongoing practice in this case of having the injured worker see two different physicians, each of which is prescribing opioids is counter to the MTUS and has resulted in overlapping prescribing. It appears that both physicians prescribe morphine. It also appears that Prescriber #2 has been prescribing Percocet after Prescriber #1 stopped it due to a failed drug test. 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.

1 prescription for MSER #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Morphine sulfate; Weaning of Medications.

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): 77-81, 94, 80, 81, 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. None of the reports from the two prescribing physicians

list a formal work status. The injured worker may be working per some reports from Prescriber #1. Prescriber #2 does not address work status or function at all. However, working status is not the sole criterion for continuing opioids. 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. There is no evidence of random or any other kind of urine drug screens from Prescriber #2. The injured worker failed a urine drug screen with Prescriber #1 and the response of continuing one of the two opioids was not adequate. A more global assessment of the opioid program should have been initiated, with much closer scrutiny of opioid intake, at minimum. The records show that this patient is receiving opioids from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy. The ongoing practice in this case of having the injured worker see two different physicians, each of which is prescribing opioids is counter to the MTUS and has resulted in overlapping prescribing. It appears that both physicians prescribe morphine. It also appears that Prescriber #2 has been prescribing Percocet after Prescriber #1 stopped it due to a failed drug test. 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.