MAXIMUS Federal Services

Case Number:	CM15-0017864		
Date Assigned:	02/05/2015	Date of Injury:	11/10/2009
Decision Date:	04/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/30/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 11/10/09. He has reported neck and back injuries. The diagnoses have included lumbago/sciatica, cervicalgia, myofascial pain, cervical disc degeneration and cervical radiculopathy. Treatment to date has included medications, diagnostics, conservative treatment, and injections. Currently, the injured worker complains of chronic neck and upper back pain. He complains of burning and aching neck pain radiating from neck to forehead. He continues to have occasional blurred vision. He had a steroid injection on 1/13/14 which was greatly beneficial with 70 percent pain relief and lasted for 5 months which allowed him to have increased activities of daily living (ADL's) and function with decrease in pain medications. Currently the neck pain is rated 8/10 with medications and 9-10/10 without. The medications are beneficial without side effects. Physical exam revealed cervical spine with tenderness to palpation, positive spurling's and decreased range of motion. The bilateral upper extremities have decreased range of motion with intense pain in the trapezius with elevation. Magnetic Resonance Imaging (MRI) of the cervical spine dated 6/18/11 revealed high grade foraminal narrowing bilaterally, osteophyte and disc dehydration and straightening of the cervical lordosis. Magnetic Resonance Imaging (MRI) of thoracic spine dated 1/12/12 revealed disc bulging creating canal compromise. On 1/12/15 Utilization Review non-certified a request for Morphine sulfate ER 15mg #60, Ibuprofen 600mg #70, Trigger Point Injection (3 sites), bilateral cervical and upper thoracic and Oxycodone 10mg 1-2 QD #60, noting that the evidenced based guidelines do not support the medical necessity. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, When to Continue Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 11/10/09 and presents with chronic neck pain in the setting of cervical DDD. The request is for MORPHINE SULFATE ER 15 MG #60. The RFA is dated 01/05/15 and the patient's work status is not provided. The patient has been taking this medication as early as 02/02/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 06/05/14 report states that the patient's pain level is at a 4/10. "The patient denies any medication side effects." The 07/03/14 report indicates that the patient rates his pain as a 3/10. The 07/18/14 report says that the patient rates his pain as a 6/10 with medications and a 9/10 without medications. On 12/01/14, the patient rates his pain as a 4/10. Although there are discussions regarding pain scales and side effects/aberrant behavior provided, not all 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Morphine Sulfate IS NOT medically necessary.

Ibuprofen 600mg #70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 11/10/09 and presents with chronic neck pain in the setting of cervical DDD. The request is for IBUPROFEN 600 MG #70. The RFA is dated 01/05/15 and the patient's work status is not provided. It appears that this is the initial request for Ibuprofen. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain

so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the patient presents with neck pain and there is no indication of low back pain, as indicted by MTUS guidelines. Therefore, the requested Ibuprofen IS NOT medically necessary.

Trigger Point Injection (3 sites), bilateral cervical and upper thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official disability guidelines neck chapter, trigger points injection.

Decision rationale: The patient was injured on 11/10/09 and presents with chronic neck pain in the setting of cervical DDD. The request is for TRIGGER POINT INJECTION (3 SITES), BILATERAL CERVICAL AND UPPER THORACIC. The RFA is dated 01/05/15 and the patient's work status is not provided. DG guidelines, neck chapter, trigger points injection section, states the following: "Not recommended in the absence of myofascial pain syndrome. See the pain chapter for criteria for the use of trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; maybe appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicalgia." MTUS guidelines, page 122, state that "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with 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 therapy 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. not more than three to four injections per session; 6. no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of the functional improvement; 7. frequency should not be at an interval less than two months; 8. trigger point injections with any substance (saline or glucose) other than local anesthetic." He complains of burning and aching neck pain radiating from neck to forehead. He continues to have occasional blurred vision. The patient has severe tenderness/spasm over the bilateral trapezius with light palpation and intense pain in the trapezius region. Physical exam revealed cervical spine with tenderness to palpation, positive spurling's and decreased range of motion. The bilateral upper extremities have decreased range of motion with intense pain in the trapezius with elevation. The 6/18/11 MRI of the cervical spine revealed high grade foraminal narrowing

bilaterally, osteophyte and disc dehydration and straightening of the cervical lordosis. The 1/12/12 MRI of the thoracic spine revealed disc bulging creating canal compromise. The diagnoses have included lumbago/sciatica, cervicalgia, myofascial pain, cervical disc degeneration and cervical radiculopathy. Treatment to date has included medications, diagnostics, conservative treatment, and injections. Review of the reports provided does not indicate if the patient had any prior trigger point injections. There are no documented circumscribed trigger points with evidence upon palpation of a twitch response, as required by MTUS guidelines. There is no indication that the patient has failed physical therapy, NSAIDs, and muscle relaxants. The request does not meet guideline criteria. Therefore, the requested trigger point injection IS NOT medically necessary.

Oxycodone 10mg 1-2 QD #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, When to Continue Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 11/10/09 and presents with chronic neck pain in the setting of cervical DDD. The request is for OXYCODONE 10 MG 1-2 QD #60. The RFA is dated 01/05/15 and the patient's work status is not provided. The patient has been taking this medication as early as 10/29/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. On 12/01/14, the patient rates his pain as a 4/10. "The patient denies any medications side effects." In this case, not all 4 A's are addressed as required by MTUS guidelines. The treater does not provide any before and after medications pain scales. There are no examples of ADLs which demonstrate medication efficacy. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycodone IS NOT medically necessary.