MAXIMUS Federal Services

Case Number:	CM15-0147289		
Date Assigned:	08/10/2015	Date of Injury:	07/28/2011
Decision Date:	09/22/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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 60-year-old male, who sustained an industrial injury on 7-28-2011. He reported pain in his neck, extending down his left arm to hand, while moving a trash can. The injured worker was diagnosed as having anterior C3-4, C4-5 cervical discectomy and fusion with instrumentation on 3-10-2014. Treatment to date has included diagnostics, physical therapy, cervical spinal surgery, trigger point injections, epidural steroid injections, shoulder injections, acupuncture, and medications. On 5-08-2015, the injured worker complains of constant pain in his neck, increased to moderate level with prolonged head and neck flexion and extension, or heavy lifting. Objective findings noted only medical record review. His work status remained modified with restrictions. He was documented as provided a trigger point injection at the base of the neck. Current medication regimen was not noted. He was dispensed Gabapentin, Duloxetine, and Hydrocodone-Acetaminophen. The use of Hydrocodone was noted for greater than 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydorcod/Acet 10/325mg #240 (DOS 5/8/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with pain in the cervical spine radiating to the left shoulder and the left arm. The request is for RETRO HYDROCOD/ACET 10/325 MG #240 (DOS 05/08/2015). Patient is status post left carpal tunnel release 05/20/15. Physical examination to the cervical spine on 02/12/15 revealed tenderness to palpation as well as spasm about the left side of the cervical paraspinal musculature. Range of motion was limited with pain. Examination to the left shoulder revealed that the patient is unable to abduct above 90 degrees. Patient's treatments have included injections, medication, ESIs and image studies. Per 03/24/15 progress report, patients diagnosis include recalcitrant left upper extremity pain and weakness, left greater than right carpal tunnel syndrome, left shoulder mild bursitis, and possible thoracic outlet syndrome. Patient's medications, per 01/06/15 report include Vicodin, Gabapentin, Duloxetin, Orphenadine, and Tramadol. Patient's work status is modified duties. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. 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 4As (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. Treater has not discussed this request and no RFA was provided either. Review of the medical records did not indicate prior use of this medication and it appears that the treater is initiating it. However, there is evidence that the patient has been on Vicodin for the previous 6 months, and the patient has been utilizing Valium from 02/23/15 through 06/16/15. However, there are no pain scales or validated instruments that address analgesia. The treater does not discuss why such a high dose of Hydrocodone is being prescribed. With prior use of opiates, the 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant behavior, specific ADL's, etc. There are no UDS, no discussions regarding opioid pain agreement, or Cures. MTUS requires appropriate discussions of the 4A's. In this case, the treater has not documented baseline pain and functional assessment, including daily activities. If treater's intent were to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been discussed. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Retrospective Tendon injection 1 unit (DOS 5/8/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The patient presents with pain in the cervical spine radiating to the left shoulder and the left arm. The request is for RETROSPECTIVE TENDON INJECTION 1 UNIT (DOS 05/08/2015). Patient is status post left carpal tunnel release 05/20/15. Physical examination to the cervical spine on 02/12/15 revealed tenderness to palpation as well as spasm about the left side of the cervical paraspinal musculature. Range of motion was limited with pain. Examination to the left shoulder revealed that the patient is unable to abduct above 90 degrees. Patient's treatments have included injections, medication, ESIs and image studies. Per 03/24/15 progress report, patients diagnosis include recalcitrant left upper extremity pain and weakness, left greater than right carpal tunnel syndrome, left shoulder mild bursitis, and possible thoracic outlet syndrome. Patient's medications, per 01/06/15 report include Vicodin, Gabapentin, Duloxetin, Orphenadine, and Tramadol. Patient's work status is modified duties. The MTUS Guidelines, on 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 therapies 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 3-4 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 functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." Treater has not discussed this request; no RFA was provided either. The patient suffers with neck pain radiating to the left shoulder and the left arm. Review of the medical records provided indicate that the patient received multiple trigger point injections along the cervical spine as well as the left shoulder joint and arm. However, there is no documentation of efficacy and functional improvement due to these injections. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, treater has not specified the site of injection and the medication used. This request is not in line with guideline recommendations and therefore, it IS NOT medically necessary.

Retrospective Marcaine .5% 2 units (DOS 5/8/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point Page(s): 122.

Decision rationale: The patient presents with pain in the cervical spine radiating to the left shoulder and the left arm. The request is for RETROSPECTIVE MARCAINE .5% 2 UNITS (DOS 05/08/2015). Patient is status post left carpal tunnel release 05/20/15. Physical examination to the cervical spine on 02/12/15 revealed tenderness to palpation as well as spasm about the left side of the cervical paraspinal musculature. Range of motion was limited with pain. Examination to the left shoulder revealed that the patient is unable to abduct above 90 degrees. Patient's treatments have included injections, medication, ESIs and image studies. Per 03/24/15 progress report, patients diagnosis include recalcitrant left upper extremity pain and weakness, left greater than right carpal tunnel syndrome, left shoulder mild bursitis, and

possible thoracic outlet syndrome. Patient's medications, per 01/06/15 report include Vicodin, Gabapentin, Duloxetin, Orphenadine, and Tramadol. Patient's work status is modified duties. The MTUS Guidelines, on 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 therapies 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 3-4 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 functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." Treater has not discussed this request; no RFA was provided either. The patient suffers with neck pain radiating to the left shoulder and the left arm. Review of the medical records provided indicate that the patient received multiple trigger point injections along the cervical spine as well as the left shoulder joint and arm. However, there is no documentation of efficacy and functional improvement due to these injections. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, there is no mention of twitch response or referred pain on physical examination, as required by the guidelines. This patient does not meet the criteria for trigger point injections. Therefore, the request IS NOT medically necessary.

Retrospective Ketorlac 2 units (DOS 5/8/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines triggerpoint injections Page(s): 122.

Decision rationale: The patient presents with pain in the cervical spine radiating to the left shoulder and the left arm. The request is for RETROSPECTIVE KETORLAC 2 UNITS (DOS 05/08/2015). Patient is status post left carpal tunnel release 05/20/15. Physical examination to the cervical spine on 02/12/15 revealed tenderness to palpation as well as spasm about the left side of the cervical paraspinal musculature. Range of motion was limited with pain. Examination to the left shoulder revealed that the patient is unable to abduct above 90 degrees. Patient's treatments have included injections, medication, ESIs and image studies. Per 03/24/15 progress report, patients diagnosis include recalcitrant left upper extremity pain and weakness, left greater than right carpal tunnel syndrome, left shoulder mild bursitis, and possible thoracic outlet syndrome. Patient's medications, per 01/06/15 report include Vicodin, Gabapentin, Duloxetin, Orphenadine, and Tramadol. Patient's work status is modified duties. The MTUS Guidelines, on 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 therapies 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 3-4 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 functional improvement;

(7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." MTUS states on pg. 72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. " Treater has not discussed this request; no RFA was provided either. The patient suffers with neck pain radiating to the left shoulder and the left arm. Review of the medical records provided indicate that the patient received multiple trigger point Ketorolac injections. However, there is no documentation of efficacy and functional improvement from Ketorolac. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, there is no mention of twitch response or referred pain on physical examination, as required by the guidelines. This patient does not meet the criteria for trigger point injections. Therefore, the request IS NOT medically necessary.

Retrospective Dexamthasome 2 units (DOS 5/8/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (ODG) Shoulder chapter (Acute and Chronic) under Steroid Injections.

Decision rationale: The patient presents with pain in the cervical spine radiating to the left shoulder and the left arm. The request is for RETROSPECTIVE DEXAMETHASOME 2 UNITS (DOS 05/08/2015). Patient is status post left carpal tunnel release 05/20/15. Physical examination to the cervical spine on 02/12/15 revealed tenderness to palpation as well as spasm about the left side of the cervical paraspinal musculature. Range of motion was limited with pain. Examination to the left shoulder revealed that the patient is unable to abduct above 90 degrees. Patient's treatments have included injections, medication, ESIs and image studies. Per 03/24/15 progress report, patients diagnosis include recalcitrant left upper extremity pain and weakness, left greater than right carpal tunnel syndrome, left shoulder mild bursitis, and possible thoracic outlet syndrome. Patient's medications, per 01/06/15 report include Vicodin, Gabapentin, Duloxetin, Orphenadine, and Tramadol. Patient's work status is modified duties. ODG Guidelines Shoulder chapter (Acute and Chronic) under Steroid Injections states, "Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. (Hay, 2003) Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. (Skedros, 2007) There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis. (Burbank, 2008) The MTUS Guidelines, on 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 therapies 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 3-4 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 functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." Treater has not discussed this request; no RFA was provided either. The patient suffers with neck pain radiating to the left shoulder and the left arm. Review of the medical records provided indicate that the patient received multiple trigger point Decadron (Dexamethasone) injections. However, there is no documentation of efficacy and functional improvement from Decadron. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, there is no mention of twitch response or referred pain on physical examination, as required by the guidelines. This patient does not meet the criteria for trigger point injections. Therefore, the request IS NOT medically necessary.