

Case Number:	CM15-0163030		
Date Assigned:	08/31/2015	Date of Injury:	03/21/2002
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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: Internal 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 60 year old male, who sustained an industrial injury on 03-21-2002. The injured worker is currently working part-time. Current diagnoses include lumbar post laminectomy syndrome status post status post fusion with residual bilateral lower extremity radiculopathy, status post removal with exploration and augmentation of fusion, possible arachnoiditis, reactionary depression and anxiety, coccydynia, inconclusive spinal cord stimulator trial, low testosterone level likely secondary to chronic opiate use, and medication induced gastritis. Treatment and diagnostics to date has included lumbar spine surgery, spinal cord stimulator trial, physical therapy, epidural steroid injections with short-term relief, home exercise program, and medications. Current medications include Norco, Ultracet, Anaprox DS, Topamax, Doral, Prilosec, Halcion, Cialis, and AndroGel. A progress note dated 04-06-2015 revealed that the urine drug screen performed at the visit was consistent with prescribed medications. In a progress note dated 07-27-2015, the injured worker reported low back pain with radiation to bilateral lower extremities. The physician noted that a lumbar spine MRI dated 01-20-2004 revealed status post pedicle screw fusion at L3-S1. Objective findings included tenderness to palpation to the posterior lumbar musculature with increased muscle rigidity bilaterally and numerous palpable trigger points and decreased lumbar range of motion with muscle guarding. The treating physician reported requesting authorization for Topamax, urine drug screen, Doral, trigger point injection, Prilosec, Norco, and Halcion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Topiramate (Topamax) is an antiepileptic drug and also referred to as an anticonvulsant. Topiramate "has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard." After review of received medical records, it is not clear why this medication is being prescribed. There is no documentation indicating failed attempts of other anticonvulsant medications. In addition, there are no documented diagnoses or objective findings of neuropathy. There is no compelling evidence presented by the treating provider that indicates in this injured worker, continuing this medication has been effective in maintaining any measurable objective evidence of functional improvement. Therefore, based on the Guidelines and the submitted records, the request for Topamax is not medically necessary.

Urine Drug Screen performed on 07/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Testing (UDT).

Decision rationale: Urine drug screening is recommended as a part of drug monitoring when prescribing opiate medications. California MTUS Chronic Pain Medical Treatment Guidelines support this but does not specify the frequency the urine drug screen is to be performed. Official Disability Guidelines (Official Disability Guidelines) were consulted for the frequency which recommends testing within six months of initiation of therapy and on a yearly basis thereafter for those at low risk. Those at moderate risk are recommended for point-of-contact screening 2 to 3 times a year and those at high risk are recommended as often as once per month. Review of the received medical records show that a urine drug screen was performed on 04-06-2015 which was consistent with prescribed medications. There is no documentation regarding the injured worker having any adverse behavior with opiate use, opiate use risk level, or any explanation as to why an additional urine drug screen would be needed. Therefore, based on the Guidelines and the submitted records, the request for a urine drug screen is not medically necessary.

Doral 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit use to 4 weeks. Their range of action includes sedative-hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develop rapidly. Tolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety". After review of received medical records, it is not clear as to why the injured worker is being prescribed this medication. There is no documentation about effectiveness of medication, evaluation of function, sleep quality, or psychological response in regards to taking Doral. This injured worker has been prescribed this benzodiazepine since at least 11-10-2014 which is much longer than the recommended 4 weeks as suggested by MTUS. The medical records do not indicated any extenuating circumstances for exceeding the recommended Guidelines. Therefore, based on the Guidelines and the submitted records, the request for Doral is not medically necessary.

Trigger Point Injections x4 of 10cc of 0.25% Bupivacaine administered on 07/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: As per California MTUS Chronic Pain Medical Treatment guidelines Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as Bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. Criteria for the use of Trigger point injections: 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. Medical Records note this injured worker has lumbosacral radiculopathy. There is documentation of 50% pain relief from previous trigger point injections that lasted only 2 weeks. Also there is no evidence of functional improvement from previous trigger point injections. Medical necessity of the requested item has not been established. The Requested

Treatment: Trigger Point Injections x4 of 10cc of 0.25% Bupivacaine administered on 07/27/15 is not medically necessary.

Prilosec 20mg #60, dispensed on 07/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and-or anticoagulant, or high dose or multiple NSAID" use. After review of medical records, the injured worker is noted to be less than 65 years of age and even though there is concurrent NSAID usage (Anaprox) and a diagnosis of gastritis, there is no documentation of any subjective or objective findings. In addition, there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Prilosec is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long-term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, or how long pain relief lasts. In addition, there is no discussion regarding how the medication has helped the injured worker's level of activity, increased level of function, ability to return to work, or significant improvement in their ability to perform activities of daily living. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.

Halcion 0.35mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit use to 4 weeks. Their range of action includes sedative-hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develop rapidly. Tolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety". Per Official Disability Guidelines (ODG), "primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and-or psychological measures. The specific component of insomnia should be addressed: (a) sleep onset; (b) sleep maintenance; (c) sleep quality; & (d) next-day functioning". After review of received medical records, the physician notes that the injured worker has been taking Halcion at bedtime. However, there is no documentation of the reason the injured worker is being prescribed this medication or etiology of sleep disturbance, discussion of sleep hygiene, or intended length of treatment. In addition, this medication has been prescribed since at least 11-10-2014, which exceeds Guidelines recommendations. Therefore, based on the Guidelines and the submitted records, the request for Halcion is not medically necessary.