

Case Number:	CM15-0031895		
Date Assigned:	02/25/2015	Date of Injury:	06/08/2012
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/20/2015

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, Hawaii
 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 31 year old male, who sustained an industrial injury on 6/08/2012. The diagnoses have included lumbosacral neuritis, right shoulder internal derangement, and right ACL and medial meniscus repair. Treatment to date has included physical therapy and medications. He underwent anterior cruciate ligament and medial meniscus repair on 10/17/2014. Currently, the IW complains of right knee, low back, right shoulder and left wrist pain. Objective findings included an antalgic gait. He was using crutches and wearing a right knee brace. The right knee examination revealed obvious swelling, tenderness to palpation and very limited range of motion. The lumbar spine was not able to be examined. On 1/27/2015, Utilization Review non-certified a retrospective request (DOS 1/09/2015) for one (1) urine toxicology, four (4) trigger point injections, Duragesic 100mcg patch #15, Neurontin 600mg #120, Doral #30, and Clonidine 0.1mg #30 noting that the MTUS, ACOEM Guidelines, (or ODG) was cited. On 2/20/2015, the injured worker submitted an application for IMR for review of one (1) urine toxicology (DOS 1/09/2015), four (4) trigger point injections (DOS 1/09/2015), Duragesic 100mcg patch #15, Neurontin 600mg #120, Doral #30 and Clonidine 0.1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology QTY 1 DOS: 1/9/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The patient presents with right knee, low back, right shoulder and left wrist pain. The current request is for Urine Toxicology QTY1 DOS: 1/9/15. The treating physician states on 1/9/15 (B32) “Urine drug testing being performed today with the patient's consent for the purpose of monitoring, documenting, and ensuring patient compliance with the use of schedule III and schedule II prescription medications that can be habit forming, abused, and/or diverted.” Urine toxicology was last performed on 11/20/14 and was consistent with the patient's medical regimen. MTUS guidelines recommend urine toxicology drug screenings (UDS) for patients that are taking opioids to avoid their misuse. MTUS guidelines additionally define steps to avoid misuse of opioids, and in particular, for those at high risk of abuse as frequent random urine toxicology screens. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. In this case, the treating physician records do not stratify the IW anywhere beyond low risk. Since the request is for the month of January, it is the first UDS for this year. This should be counted as the one yearly UDS allow for 2015. The current request is medically necessary.

4 Trigger Point Injections DOS: 1/9/15: 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 patient presents with right knee, low back, right shoulder and left wrist pain. The current request is for 4 trigger point injections DOS: 1/9/15. The treating physician states on 1/9/15 (B32) that the patient was determined to have chronic myofascial pain in the posterior lumbar musculature, which medical management therapies have failed to control. The patient has palpable trigger points with 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. These injections are occasionally necessary to maintain function and help decrease medication use. The patient reported good pain relief of greater than 50% and increased range of motion a few minutes later. The patient received trigger point injections on the following dates: 2/3/15, 1/9/15, 12/11/14, and 11/20/14. MTUS guidelines state: “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.” In this case, the treating physician has documented all the necessary criteria for trigger point injections, except the frequency with which they should be performed. The patient has been receiving these injections on a monthly basis when the guidelines state that they should not occur at an interval less than two months. Therefore the current request is not medically necessary.

30 Doral DOS: 1/9/15: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with right knee, low back, right shoulder and left wrist pain. The current request is for 30 Doral DOS 1/9/15. Doral, generic name Quazepam is in a group of drugs called benzodiazepines (ben-zoe-dye-AZE-eh-peens). Quazepam affects chemicals in the brain that may become unbalanced and cause sleep problems (insomnia). Quazepam is used to treat insomnia symptoms, such as trouble falling or staying asleep; the treating physician states on 1/9/15 (B32), Doral 15mg at bedtime. MTUS guidelines for Benzodiazepines state: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, there is no documentation provided indicating the patient's difficulty with insomnia or falling asleep. The patient was first prescribed Doral on 1/9/15 and again on 2/3/15. This exceeds the 4-week limit that is recommended. The current request is not medically necessary.

#15 Duragesic patch: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System), Opioids Page(s): 44 and 74-96.

Decision rationale: The patient presents with right knee, low back, right shoulder and left wrist pain. The current request is for 1 prescription for #15 Duragesic patch. The treating physician states on 1/9/15 (B32), at this point the patient and I have discussed that we will try to wean him off his narcotics. We will start like converting everything to a Duragesic patch and then use Ultracet for some breakthrough pain t.i.d p.r.n. I will also add Neurontin up to 600 mg q.i.d. an

anti-neuropathic pain medication and something that also will help with withdrawal as we decrease his medication. The patient has been taking his opiate pain pills for about 2 years. He continues on 2/3/15. The patient has been able to manage his pain on Duragesic patch 100mcg and would like to start cutting back on his dose. MTUS guidelines for Duragesic state: Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. For chronic opiate use, 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 aberrant 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. In this case, there is discussion regarding analgesia, ADLs, adverse side effects and aberrant behaviors. The current request is medically necessary.

#120 Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The patient presents with right knee, low back, right shoulder and left wrist pain. The current request is for 1 prescription for #120 Neurontin 600 mg. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The treating physician states on 1/9/15 (B32), at this point the patient and I have discussed that we will try to wean him off his narcotics. We will start like converting everything to a Duragesic patch and then use Ultracet for some breakthrough pain t.i.d p.r.n. I will also add Neurontin up to 600 mg q.i.d. an anti-neuropathic pain medication and something that also will help with withdrawal as we decrease his medication. The patient has been taking his opiate pain pills for about 2 years. MTUS guidelines support the usage of Gabapentin for the treatment of radicular pain. In this case, the clinical records provided do not contain evidence via subjective or objective findings of neurological complaints or symptoms. The current request is not medically necessary.

#30 Clonidine 0.1mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011 p 333-796.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Weaning, opioids (specific guidelines).

Decision rationale: The patient presents with right knee, low back, right shoulder and left wrist pain. The current request is for Clonidine 0.1mg #30. The treating physician states on 1/9/15 (B32), at this point the patient and I have discussed that we will try to wean him off his narcotics. We will start like converting everything to a Duragesic patch and then use Ultracet for some breakthrough pain t.i.d p.r.n. I will also add Neurontin up to 600 mg q.i.d. an anti-neuropathic pain medication and something that also will help with withdrawal as we decrease his medication. The patient has been taking his opiate pain pills for about 2 years. He goes on to request Clonidine 0.1 mg at bedtime #30. MTUS does not discuss oral Clonidine for pain, only discussing Intrathecal Clonidine use. ODG states for opioid weaning: Medications used to manage withdrawal from opioids: Anti-withdrawal agents can be used for brief periods, and in tapering doses, to facilitate entry into drug-free or antagonist treatment. Clonidine can relieve many opioid withdrawal symptoms (an off-label treatment) as long as there are no contraindications to use. Dose is generally 0.1-0.2 t.i.d. to q.i.d as long as blood pressure is over 90 mm Hg systolic and there is no sedation or bradycardia. Clonidine is often maintained for 2-3 days after cessation of opioids and tapered over 5-10 days. In this case, the treating physician has documented a treatment plan that involves weaning the patient off his narcotic regimen. The current request is medically necessary.