MAXIMUS Federal Services

Case Number:	CM15-0037383		
Date Assigned:	03/05/2015	Date of Injury:	07/09/2001
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/27/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 7/9/2001. The diagnoses have included retrolisthesis at C5-6, herniated disc C5-6, cervical radiculopathy, herniated nucleus pulposus of lumbar spine with stenosis and lumbar radiculopathy. Treatment to date has included electrodiagnostic studies, magnetic resonance imaging (MRI), acupuncture, injections, medications and physical therapy. Currently, the Injured Worker complains of chronic pain in the neck, back, bilateral upper extremities, bilateral knees and lower extremities. The pain was rated as 8-10/10 with burning pain in the neck and cramping in the upper extremities. She reported headaches, pins and needles in the back and giving out of the right knee. Objective findings included a slow and mildly antalgic gait. There was tenderness of the bilateral cervical facets, trapezii and bilateral rhomboids along with muscle spasm in the lumbar spine, left greater than right. There was decreased range of motion throughout all planes of the lumbar and cervical spine secondary to pain. There was a positive straight leg raise and Faber test on the left. On 2/06/2015, Utilization Review non-certified a request for 1 trigger point injection, 1 medication drug panel and 1 prescription Flector patches #60 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 2/27/2015, the injured worker submitted an application for IMR for review of 1 trigger point injection, 1 medication drug panel and 1 prescription Flector patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 trigger point injections between 12/22/14 and 4/3/15: 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): 84.

Decision rationale: 1 Trigger point injections between 12/22/14 and 4/3/15 is not medically necessary. Per Ca MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed; therefore the requested service is not medically necessary.

Prospective request for 1 medication blood panel between 12/22/14 and 4/3/15: 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 Substance Abuse Page(s): 108.

Decision rationale: 1 medication blood panel between 12/22/14 and 4/3/15 is not medically necessary. Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care him immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. The requested service is not medically necessary as the guidelines only recommend urine drug screens.

Prospective request for 1 prescription for Flector patches #60 between 12/22/14 and 4/3/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: 1 prescription for Flector patches # 60 between 12/22/14 and 4/3/15 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The limitation of use was not specified in the medical records. Additionally, there was not documentation of a contraindication to oral NSAID use; therefore compounded topical cream is not medically necessary.