

Case Number:	CM15-0044696		
Date Assigned:	03/17/2015	Date of Injury:	10/01/2007
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/10/2015

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: Emergency 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 63 year old female who has reported neck and back pain after an injury on October 1, 2007. The diagnoses have included sprain/strain of neck, failed neck surgery syndrome, myofascial pain syndrome and failed lumbar surgery syndrome. Treatment to date has included medications, multiple surgeries, physical therapy, and injections. She has not worked since 2007 or 2009. During 2014 to early 2015, this injured worker was treated by a different physician from the one currently prescribing care. Records show ongoing use of Norco, cyclobenzaprine, Soma, and naproxen. The orthopedic AME in 2014 did not make any analysis of or recommendations for medications. None of the reports show any significant benefit from any treatment. The current primary treating physician initially evaluated this injured worker on 2/2/15. At that time there was neck and back pain radiating to the extremities, and pain was aggravated with all activities. There was no discussion of the prior results of using opioids or other medications. There was multifocal tenderness, limited range of motion, and no neurological deficits. The treatment plan included a urine drug screen (which was authorized), a CURES report, and a record review. No medications were prescribed or discussed. Per the PR2 of February 20, 2015, there was neck pain radiating to both upper extremities, low back pain radiating to the right lower extremity, and the injured worker was out of Norco. She had been taking her husband's morphine as she usually takes Norco four times daily. Other medications listed included cyclobenzaprine, naproxen, omeprazole, and lorazepam. There were multiple tender point, but no neurological deficits. The treatment plan included stopping Soma and using cyclobenzaprine, continuing Norco, naproxen, and trigger point injections. There was no work

status was reported permanent and stationary. On 3/6/15 Utilization Review non-certified trigger point injections, a urine drug screen, naproxen, cyclobenzaprine, and Norco. MTUS guidelines were cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection x 2 [Rhomboid and Trapezius Area]: Upheld

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

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

Decision rationale: The MTUS provides specific direction for the indications and performance of trigger point injections (TPI). TPI is recommended only for "myofascial pain syndrome", as defined in the MTUS. TPI is not indicated for "typical" or non-specific neck and back pain. This injured worker does not have myofascial pain syndrome, per the available reports. Although two trigger point injections are within the quantity recommended by the MTUS, the injured worker does not appear to have actual "trigger points", only tender points in the neck and upper back region. The injectate was not specified by the treating physician. MTUS recommends anesthetic with or without steroid only. The trigger point injections are not therefore medically necessary.

Tox Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation <http://www.dot.gov/odapc/part40>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction. urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Opioid contracts: (9) Urine drug screens may be required. Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80, 94, 43, 77,78,89,94. Decision based on Non-MTUS Citation Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use. Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: As noted in the Utilization Review, a urine drug screen has already been authorized just prior to this request (for 2/2/15). The result of that test has not been discussed, and no reasons have been given for repeating the test so soon. Per the cited guidelines, a baseline urine drug screen is indicated for opioid therapy, followed by random and for cause testing. Absent specific indications, a repeat test so soon would not be indicated under any of the indications in the guidelines unless by a usual coincidence a randomly generated date happened to coincide with an office visit. This kind of incidence was not described. Urine drug screen necessity presumes an ongoing opioid therapy program. Per the discussion below, the currently

prescribed opioids are not medically necessary, making any additional testing not medically necessary.

Cyclobenzaprine HCL 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months at minimum. The quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. The request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81,94,80,81,60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. This was not discussed by the treating physician. The current qid dose of Norco may be an increase from the tid dosing in prior reports. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesic." The injured worker has failed the "return-to-work" criterion for opioids in the MTUS, as she has not returned to work for many years while taking opioids. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is

not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60,68,70.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. This was not discussed by the treating physician. The current qid dose of Norco may be an increase from the tid dosing in prior reports. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The injured worker has failed the "return-to-work" criterion for opioids in the MTUS, as she has not returned to work for many years while taking opioids. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.