

Case Number:	CM15-0059960		
Date Assigned:	04/16/2015	Date of Injury:	03/05/2010
Decision Date:	06/08/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/30/2015

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, Arizona

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 66-year-old male patient who sustained an industrial injury on 03/05/2010. The mechanism of injury was the injured worker was struck in the back of the head with a back hoe. A neurological primary treating office visit dated 06/19/2014 reported an impression of cervical disc disease; lumbar disc disease; failed back surgery; chronic pain syndrome; history of migraines, and depression as a result of substantial pain. Prior therapies included surgery, medications and trigger point injections. Recommending Flector patches, possible epidural injections and or a trail of a nerve stimulator. A recent follow up visit dated 03/04/2015 reported prior treatment to include 2 lumbar fusions 2011, 2012, rest, physical therapy and medications. Current medications are OxyContin, Percocet, Topamax, Cymbalta, and Zanaflex. He is diagnosed with thoracic or lumbosacral neuritis or radiculitis; myalgia and myositis; lumbosacral spondylosis without myelopathy; encounter for therapeutic drug monitoring; long term current use of other medications, and post laminectomy syndrome, lumbar region. After the prior trigger point injections, the injured worker reported less pain and more ROM with taking less pain medications. The plan of care involved refilling current medications, recommending steroid injection under fluoroscopy, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 series of cervical trigger point injections: 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): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome, and they are not recommended for radicular pain. There are to be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Additionally, they indicate that the frequency should not be at an interval less than 2 months. The clinical documentation submitted for review indicated the injured worker was taking less pain medications and had more range of motion. However, there was a lack of documentation of objective functional improvement. Given the above, the request for 2 series of cervical trigger point injections is not medically necessary.

Oxycontin 40mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. Refills are not permitted per the DEA due to the drug's schedule II classification. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The documentation indicated the opioids reduced the pain and made him more functional. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. Additionally, refills are not supported per the Drug Enforcement Agency. The request as submitted failed to indicate the frequency and quantity for the requested medication. However, the physician documentation indicated the dosage was 40 mg twice a day. As such, the cumulative dosing could be calculated. The cumulative daily morphine equivalent dosing would be 180 mg, which exceeds 120 mg. Given the above, the request for Oxycontin 40mg with 2 refills is not medically necessary.

Percocet 10.325mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. Refills are not permitted per the DEA due to the drug's schedule II classification. The cumulative dosing of the medications would be 180 mg of daily oral morphine equivalents, which would exceed the maximum of 120 mg of daily recommended equivalents. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to support non-adherence to the DEA's recommendation. The documentation indicated the use of the medications reduced pain and made him more physically functional. However, objective functional improvement and an objective decrease in pain were not provided. The documentation indicated the injured worker had an opioid contract and was being monitored for side effects. Given the above, the request for Percocet 10.325mg #180 with 2 refills is not medically necessary.

Cymbalta 60mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain, and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement including the assessment in changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. There was a lack of documented rationale for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency and quantity of the medication being requested. Given the above, the request for Cymbalta 60mg with 2 refills is not medically necessary.

Topamax 100mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The request as submitted failed to indicate the frequency and quantity of the medication being requested. The documentation failed to indicate a rationale for 2 refills without re-evaluation. Given the above, the request for Topamax 100mg with 2 refills is not medically necessary.

Zanaflex 4mg with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks, and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication had been prescribed for muscle spasms. However, the duration of use could not be established and usage for more than 3 weeks would be excessive. There was a lack of documented rationale for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency and quantity of the medication being requested. Given the above, the request for Zanaflex 4mg with 2 refills is not medically necessary.

Trazodone 100mg with 2 refills: 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) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain, and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement including the assessment

in changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. There was a lack of documented rationale for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency and quantity of the medication being requested. Given the above, the request for Trazodone 100mg with 2 refills is not medically necessary.

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction, or poor pain control as the documentation indicated the injured worker was CURES appropriate and had an opioid agreement in place. Given the above, the request for 1 urine drug screen is not medically necessary.