

Case Number:	CM15-0067601		
Date Assigned:	04/20/2015	Date of Injury:	04/01/2004
Decision Date:	07/21/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/09/2015

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 57 year old female, who sustained an industrial injury on 04/12/2004. She reported an injury to the left side of her neck and left arm. The injured worker is currently diagnosed as having chronic pain status post cervical laminectomy, cervical myofascial strain, cervical facet arthropathy, cervical degenerative disc disease, cervical stenosis, cervicalgia, and cervical radiculitis. Diagnostic studies have included cervical MRI and electromyography. Treatment to date has included physical therapy and medications. In a progress note dated 03/04/2015, the injured worker presented neck and bilateral arm complaints. The treating physician reported requesting authorization for trigger point injections, Gabapentin, Naproxen Sodium, LidoPro, Norco, urine drug screen, blood work, epidural steroid injection to C5-C6, acupuncture, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 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): 122.

Decision rationale: CA MTUS recommends trigger point injections for myofascial pain syndrome only and not for radicular pain. Trigger points are focal areas of tenderness that produce a local twitch in response to stimulus to the area. The IW has previously had trigger point injections with report of symptom relief. The submitted material does not support a local twitch response when stimulated. The IW does not have a diagnosis of myofascial pain syndrome. Without this documentation, the request for trigger point injections is not medically necessary.

Gabapentin 600mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49, 60.

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug, which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends: documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the request does not include dosing frequency. Without this documentation, the request for gabapentin is not medically necessary in accordance with CaMTUS guidelines.

Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxyn; Nonsteroidal anti-inflammatory drug Page(s): 66-69.

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a non-steroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request does include frequency and dosing of this medication. The request is not medically necessary.

Lidopro topical cream #1: 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: Lidopro is a topical ointment consisting of the ingredients capsaicin, lidocaine, menthol and methyl salicylate ointment. According to CA MTUS chronic pain guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch. In addition, the request does not include the intended location or frequency of application. Without this information, the request is not medically necessary.

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 86.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above-recommended documentation. In addition, the request does not include dosing frequency or duration. There is a toxicology request submitted with the documents, but the results are not discussed in visit notes. Without this supporting documentation, the request for opiate analgesia is not medically necessary.

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80, 94.

Decision rationale: Ca MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additional recommendation includes random drug testing, not at office visits. There are results from one urine drug screens included in the record, but the results were not discussed. This request for a urine drug screen does not specify what specifically is being tested. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program, which is in accordance with the MTUS. The request for a urine drug screen is not medically necessary.

CBC and CMP: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Ca MTUS guidelines state that NSAID "package inserts recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The submitted documentation supports the IW has been on NSAIDS for a minimum of 12 months. The documentation does not include any previous laboratory tests. The request for a CBC and CMP given the ongoing NSAID use and lack of evidence for previous testing is medically necessary.

1 transforaminal epidural steroid injection at C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: CA MTUS chronic pain guidelines recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. With this, the documentation does not support ongoing radicular pain. Here are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. Without the support for ongoing radiculopathy, the request for an epidural steroid injection is not medically necessary. The MTUS for chronic pain states that epidural steroid injection is only for very specific radiculopathies shown by objective means. No specific radiculopathy has not been described to date in this injured worker. There is not an adequate basis on which to refer this injured worker for an unspecified injection and the referral is therefore not medically necessary.

12 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The chart references previous acupuncture treatments, but the number attended is not included. According to the guidelines, an initial course of acupuncture is 3-6 visits. The current prescription request is for 12 visits, which exceeds the quantity recommended in the MTUS. As this is ongoing acupuncture, medical necessity for any further acupuncture is considered in light of "functional improvement". After completion of any prior acupuncture visits, the treating physician has not provided evidence of clinically significant

improvement in activities of daily living, a reduction in work restrictions, or decreasing dependency on medical treatment. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. Additional acupuncture is not medically necessary based on lack of functional improvement as defined in the MTUS.

12 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. This request is a request for ongoing physical therapy for a chronic condition. Documentation does not include the number of previous physical therapy treatments or any measure of functional improvement resulting from these treatments; however documentation does reference physical therapy visits. Other conservative treatments with the exception of medications are not included in the chart materials. Guidelines do not recommend maintenance care. Additionally, guidelines support "fading of treatment frequency along with active self-directed home PT." Additionally, the request does not include frequency of visits. There is no mention of a home PT program in the records. The request for 12 physical therapy sessions is not medically necessary.