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| Case Number: | CM14-0161346 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 09/03/1998 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/23/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old male who reported an injury on 09/03/1998 due to an unknown mechanism. Diagnoses were status post anterior cervical discectomy and fusion, C4 to T7, 03/02/2004 with nonunion per CT scan; cervical stenosis, C4-5, per most recent MRI scan; 5mm central disc bulge L1-2; status post previous laminectomy L4-5, times 2, with post-laminectomy syndrome; 3.6mm disc bulge, L2-3; a 2.5mm disc bulge, L3-4, with annular tear; 1.5mm disc bulge, L5-S1, with bilateral facet arthrosis and moderate bilateral neural foraminal narrowing; status post anterior/posterior lumbar decompression and fusion, L4-5; status post removal of hardware, L4-5, with exploration of fusion; status post lumbar spinal cord stimulator trial failure; status post anterior cervical discectomy and fusion, C4 to C7, with nonunion per CT sacralization imaging. Physical examination on 09/24/2014 revealed complaints of bilateral neck pain, bilateral low back pain, left upper extremity pain, right upper extremity pain, left lower extremity pain, and right lower extremity pain. With medication, the injured worker rated his pain at 8/10. Without medication, the injured worker rated his pain 10/10. The injured worker is taking his medications as prescribed. The injured worker reported that the medications were less effective since he ran out of Oxycodone last week. There was no medication abuse suspected, no complaints of constipation, sedation, or cognitive impairments. Medications were Ambien, Senna, Voltaren 1% Gel, Fentanyl 75 mcg/hour patch, Gabapentin 300mg, and Oxycodone HCl. Examination of the lumbar spine revealed range of motion was restricted with flexion, extension, right lateral bending, left lateral bending, lateral rotation to the right, and lateral rotation to the left. On examination of the paravertebral muscles, tenderness and tight muscle band was noted on both sides. Straight leg raising test was positive on both sides in the sitting position at 70

degrees. Treatment plan was for trigger point injections and to take medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 5 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, 12th Edition, Treatment Index, 2014, Chronic Pain Chapter: regarding Insomnia

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

Decision rationale: The requested Ambien 10mg #13 with 5 refills is not medically necessary. The Official Disability Guidelines indicate that Zolpidem (Ambien) is appropriate for short term treatment of insomnia, generally 2 to 6 weeks. The injured worker had an examination on 04/15/2014 that revealed he was on Ambien. The Medical Guidelines state that this is a short term treatment, generally 2 to 6 weeks. The request does not indicate a frequency for the medication. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary or appropriate.

Oxycodone HCl 30mg 4 times a day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

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

Decision rationale: The requested Oxycodone HCl 30 mg 4 times a day #120 is not medically necessary. The California Medical Treatment Utilization Schedule guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The injured worker reported his pain 8/10 with medications, and without medications the pain was rated 10/10. It was reported that the injured worker was taking his medications as prescribed, but it was also reported that the medications are less effective since he ran out of Oxycodone last week. There was no documentation of a detailed pain assessment for the injured worker. The criteria for ongoing use of opioid medications have not been met. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use of Oxycodone HCl 30 mg 4 times a day. Therefore, this request is not medically necessary.

Trigger Point Injections - 1% Lidocaine 8cc and 40mg 2cc Depo-Medrol - right trapezius performed 9/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

Decision rationale: The requested trigger point injections/1% lidocaine 8 cc and 40 mg 2cc Depo Medrol right trapezius performed 09/02/2014 are not medically necessary. The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome, and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms should have been reported to have persisted for more than 3 months, and medical management therapies such as ongoing stretching exercises, physical therapy, and NSAIDs (non-steroidal anti-inflammatory drugs) and muscle relaxants have failed to control pain. Radiculopathy should not be present (by exam, imaging, or neurologic testing), and 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, it is indicated that the frequency should not be at an interval less than 2 months. The clinical documentation submitted did not reveal that the injured worker had a trigger response upon examination of the lumbar spine. It was reported that straight leg raise test was positive on both sides in the sitting position. Sensory examination revealed decreased sensation to light touch on the left C6-7 dermatomes and L4-5 dermatomes. The injured worker had objective findings of radiculopathy. The medical guidelines do not support the use of trigger point injections when radiculopathy is present. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.