

Case Number:	CM14-0165296		
Date Assigned:	10/10/2014	Date of Injury:	01/16/2003
Decision Date:	11/13/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic surgeon and is licensed to practice in Arizona. 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:

This is a 53-year-old male who sustained an injury on 1/16/2003. The patient has subsequently undergone multiple surgeries of the cervical and lumbar spine. At the present time, he continues to complain of intractable low back pain with radiation to both legs. In addition, he has neck pain with radiation into both arms. He also complains of increasing urinary retention and multiple cavities secondary to chronic narcotic use. The patient had an MRI of his lumbar spine on 6/18/2014. This revealed degenerative disc disease with retrolisthesis from L1-L4. The L3-4 level suggests compression of the exiting L3 nerve roots bilaterally. An MRI scan of the cervical spine dated 3/18/2014 reveals a cervical fusion at C3-C4 and at C5-C6. There is degenerative disc disease at the other levels and at the C6-C7 level there appears to be encroachment on the C7 exiting nerve root bilaterally. This patient is considered permanently disabled and unable to work. This patient has been on high doses of opioids for an extended period of time. Concern is raised about conflicting urinary drug screens and the excessive amount of opioids. There are also concerns about the amount of steroid injections the patient is receiving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Soma One QID, #120: 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 Medication for chronic pain, Muscle relaxants Page(s): 60-61, 63-66.

Decision rationale: According to the chronic pain guidelines this medication is not recommended for more than a 2-3 weeks. It is not indicated for long-term use. Withdrawal symptoms may occur with abrupt discontinuation. According to the medical record, there have been recommendations to wean the patient from this medication. Therefore, according to the chronic pain guidelines, the medical necessity for continuing the use of Soma has not been established.

Percocet 10/325 mg, 2 tabs up to 4 times/day: 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 opioids Page(s): 74-96.

Decision rationale: The chronic pain guidelines have specific actions that should be included in the ongoing management of chronic pain with the use of opioids. Most important is the monitoring of the opioid effect on the patient. This requires ongoing monitoring of the level of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It includes the documentation of misuse of medication and documentation of drug screening for issues of abuse, addiction, or poor pain control. There is no documentation in this record concerning the levels of pain relief the patient achieves with the use of opioids nor does there appear to be any changes in his functional activity with opioids. There is concern about misuse of medication which has not been addressed. Drug screening discrepancies reinforces this concern about misuse and this has not been addressed. There is also a strong indication from the amount of opioids the patient is taking, the lack of significant functional improvement, and the evidence of misuse that this patient should be referred to a multidisciplinary pain clinic. Therefore, until these factors have been addressed, the medical necessity for continued use of opioids has not been established.

Trigger Point Injections times 2 for the Lumbar spine with 1 CC Celestone and 2 CC Marcaine: 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 trigger point injections Page(s): 1-2, 1-3.

Decision rationale: CA MTUS guidelines states that trigger point injections have limited lasting values and are not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle which produces a local twitch in response to stimuli to the band. The medical record contains no description of such a lesion. The criteria for

use of trigger point injections include documentation of circumscribed trigger point with evidence upon palpation of a twitch response. This patient appears to have radiculopathy and another criterion is that radiculopathy is not present. There is no description in the medical record of the pain relief obtained by the trigger point injections. The guidelines state that no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after the injection and there is documentation of evidence of functional improvement. Therefore, since the criteria for trigger point injections have not been met, the medical necessity for trigger point injections have not been established.

Refill OxyContin 80 mg #90: 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 opioids Page(s): 74-96.

Decision rationale: The chronic pain guidelines have specific actions that should be included in the ongoing management of chronic pain with the use of opioids. Most important is the monitoring of the opioid effect on the patient. This requires ongoing monitoring of the level of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It includes the documentation of misuse of medication and documentation of drug screening for issues of abuse, addiction, or poor pain control. There is no documentation in this record concerning the levels of pain relief the patient achieves with the use of opioids. There appears to be intractable pain with the patient is on opioids are not. There does not appear to be any changes in his functional activity with opioids. There is concern about misuse of medication which has not been addressed. Drug screening discrepancies reinforces this concern about misuse and this has not been addressed. There is also a strong indication from the amount of opioids the patient is taking, the lack of functional improvement, plus evidence of misuse that this patient should be referred to a multidisciplinary pain clinic. Therefore, until these factors have been addressed, the medical necessity for continued use of opioids has not been established.