MAXIMUS Federal Services

Case Number:	CM14-0168164		
Date Assigned:	10/15/2014	Date of Injury:	02/11/2010
Decision Date:	11/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/13/2014

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 Surgery and is licensed to practice in California. 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 60-year old female who slipped and fell at work in 2010 and injured her right knee, right elbow and had a whiplash injury to the neck. The medical records provided for review documented that the claimant has had two prior cervical surgeries including artificial disc replacement as well as right knee and right elbow surgery. On 07/29/14 the claimant underwent removal of the cervical hardware and a cervical fusion with plating was performed. The office note dated 10/21/14 documented diagnoses of cervical spondylosis, muscle spasm and pain disorder related to psychological factors. The claimant had increased pain in the neck and shoulder, difficulty swallowing but was progressively getting better. She complained of continued tightness and spasm from the base of her neck into her left trapezius and levator region. She had had trigger point injections that reduced her pain by 60-70 percent for six to seven weeks. While the claimant felt her cervical range of motion was better, she was still limited with flexion. It was documented that the claimant was taking Baclofen and Norco, two to three times a day and Ativan a few times a week. She complained of increased pain at the neck and shoulder. Physical examination revealed left paraspinous tenderness and stiffness of the cervical spine, a palpable twitch and positive trigger points in the muscles of the head and neck, specifically the left SCM, trapezius, and levator muscles. Anterior flexion is 25 degrees and there is pain when the neck is flexed anteriorly. Extension of the cervical spine is 15 degrees with pain on extension. Left and right lateral rotation was painless. Motor strength was grossly intact and the claimant was neurovascularly intact in the bilateral upper extremities. The claimant was provided with a myofascial pain trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Norco 7.5mg 2-3 times daily: 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): 75, 79, 91, and 124.

Decision rationale: The California MTUS Chronic Pain Guidelines recommend that the lowest possible dose of an opioid should be prescribed to improve pain and function. In addition, the "Four A's" to include analgesics, activities, adverse side-effects, and aberrant drug taking behaviors should be monitored during the course of narcotic prescribing. California MTUS Chronic Pain Guidelines also recommend weaning of medications which should be done with a tapering to reduce the risk of withdrawal symptoms. The office note of 10/21/14, clearly documented that the prescriber was monitoring the Four A's for ongoing management, as well as providing urine drug screening and routine assessment to ensure compliance was being undertaken. Although the request to continue Norco 7.5 mg 2-3 times a day does seem medically reasonable, the request fails to establish the quantity of the medication that is being asked for and requested. It is imperative to know the quantity of medication to determine both compliance and assess the time frame for not only this prescription for Norco but for future prescriptions ensuring that the claimant is taking Norco in appropriate regimen. It would also be recommended that weaning of Norco be initiated in the very near future with the goal of ceasing narcotic use all together. Given the fact there is no quantity associated with the current request for Norco 7.5 mg 2-3 times a day, the request cannot be considered medically necessary and reasonable.

Associated Surgical Service: Trigger pint injections, cervical spine 6 sites: 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 California Chronic Pain Medical Treatment Guidelines for trigger point injections include medical management therapy such as ongoing stretching exercises, physical therapy, anti-inflammatories and muscle relaxants that failed to control pain. It is clearly noted that radiculopathy should not be present on exam or imaging and there should not be more than 3-4 injections per session. No repeat injections should be provided unless greater than 50 percent pain relief is obtained for six weeks after an injection with documentation of evidence of functional improvement. The frequency of injections should not be at intervals less than two (2) months. Based on the Chronic Pain Guidelines, the request for six (6) injections exceeds the guideline criteria. The documentation provided for review fails to establish that the previous trigger point injections provided an increase in activity and function and decreased the need for

medications. Although documentation established that there has been 50 percent relief of symptoms following the previous sets of trigger point injections, there is no indication of the time frame of improvement provided by the trigger points. In addition, it is unclear what physical modalities have been incorporated such as physical therapy, home exercise program and a stretching program prior to repeating the trigger point injections. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Medical Treatment Guidelines, the request for trigger point injections of the cervical spine in six locations considered not medically necessary or reasonable.

Associated Surgical Service: Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

Decision rationale: The California MTUS Chronic Pain Guidelines recommend the use of Baclofen orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen is noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In general, muscle relaxants are recommended for short-term treatment of acute exacerbations in patients with chronic low back pain. The request for Baclofen 10mg. does not specify a quantity, which would be imperative to know prior to determining and considering if it is medical necessity. In addition, generally muscle relaxants are prescribed for acute exacerbations and it appears that the claimant is taking them on a regular basis for chronic pain which would not be considered medically reasonable or recommended. There is no documentation that the claimant has multiple sclerosis or a spinal cord injury or lancinating, paroxysmal neuropathic pain, which is the FDA, approved indications for Baclofen. Based on the documentation that the claimant is taking Baclofen on a regular basis as opposed to it being prescribed for short-term exacerbations of muscle spasm, and there is no quantity identified with the request, and that the claimant has no documentation of a diagnosis to support the use of Baclofen for which it would be considered FDA approved and medically necessary, the request for the Baclofen 10mg is not considered medically necessary.

Associated Surgical Service: Ativan 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66, and 124.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is risk of dependence. The Chronic Pain Guidelines limit use to four (4) weeks. The documentation suggests the claimant has been on Ativan, which is a Benzodiazepine, for quite

some time and certainly longer than four (4) weeks. Chronic Pain Guidelines note that there is little benefit for the use of Benzodiazepines over non-Benzodiazepines for the treatment of spasm. Tapering is recommended of the medication. In addition, there is no request for the quantity of Ativan to be prescribed. Therefore, based on the documentation presented for review and in accordance with the California Chronic Pain Medical Treatment Guidelines, the request for Ativan 0.5mg is considered not medically necessary.