

Case Number:	CM14-0085906		
Date Assigned:	08/08/2014	Date of Injury:	03/04/1997
Decision Date:	09/30/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 and 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 48-year-old female smoker who reported an injury of unknown mechanism on 03/04/1997. On 06/23/2014, her diagnoses included lumbar postlaminectomy syndrome, right lumbar radiculopathy, chronic low back pain, lumbar degenerative disc disease, and lumbar facet degeneration. Her medications included Dilaudid 4 mg, Norco 10/325 mg, Valium 5 mg, Motrin 800 mg, Voltaren 1% gel, and gabapentin 300 mg. The rationale as stated in her treatment plan was that no changes were made to her medication regimen due to her being stable on the current regimen, which helped her daily functioning without adverse side effects despite having 3 failed back surgeries. She had been able to increase her work schedule from 4 to 6 hours 5 days per week. A Request for Authorization dated 05/21/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections 1-3 Muscle Groups x 3 Times Monthly for 6 MonthsQuantity:18:
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: The California MTUS Guidelines recommend that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present by examination, imaging or neuro testing; not more than 3 to 4 injections per session; 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; frequency should not be at an interval of less than 2 months, and trigger point injections with any substance other than local anesthetic with or without steroids are not recommended. In this case, There was no documentation that this worker had circumscribed trigger points with evidence upon palpation of a twitch response, as a as well as referred pain. There no was no documentation of failed trials of muscle relaxants. The injured worker has a diagnosis of radiculopathy. The requested frequency of monthly injections exceeds the recommendations of the guidelines, which state that the injections should be no less than 2 months apart. The clinical information submitted failed to meet the evidence based guidelines for trigger point injections. Therefore, this request for Trigger Point Injections 1-3 muscle groups, three times monthly for 6 months, quantity 18 is not medically necessary and appropriate.

Dilaudid 4mg: 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): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. Long term use may result in immunological or endocrine problems. The submitted documentation revealed that this worker has been taking Dilaudid since 11/12/2013. There was no documentation in the submitted chart regarding long term appropriate monitoring/evaluations, including side effects, failed trials of antidepressants, or quantified efficacy. Additionally, there was no quantity or frequency specified in the request. Since the injured worker is taking more than one opioid medication, without the frequency, morphine equivalency dosage could not be calculated. Therefore, the request for Dilaudid 4 mg is not medically necessary.

Norco 10/325 mg: 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): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. Long term use may result in immunological or endocrine problems. The submitted documentation revealed that this worker has been taking Norco since 11/12/2013. There was no documentation in the submitted chart regarding long term appropriate monitoring/evaluations, including side effects, failed trials of antidepressants, or quantified efficacy. Additionally, there was no quantity or frequency specified in the request. Since the injured worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for Norco 10/325 mg is not medically necessary.

Valium 5mg: Upheld

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

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

Decision rationale: Per the California MTUS Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. Benzodiazepines are the treatment of choice in very few conditions. The submitted documentation revealed that this worker has been taking Valium since 11/12/2013. That period of time exceeds the recommendations in the guidelines of 4 weeks. Additionally, the request did not specify a quantity or a frequency of administration of this medication. Therefore, this request for Valium 5mg is not medically necessary.

Motrin 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. Ibuprofen is recommended for osteoarthritis, rheumatoid arthritis, and off label for ankylosing spondylitis. The submitted documentation did not confirm that this worker had any of the above diagnoses. Additionally, she has been using this medication since 11/12/2013, which exceeds the recommendations in the guidelines.

Additionally, there was no quantity or frequency of administration specified in the request. Therefore, the request for Motrin 800mg is not medically necessary.

Voltaren 1% Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- TREATMENT WORKERS' COMPENSATION PAIN PROCEDURE SUMMARY LAST UPDATED 04/10/2014 STATES THAT DICLOFENAC, TOPICAL (FLECTOR, PENNSAID, VOLTAREN GEL) IS NOT RECOMMENDED AS A FIRST-LINE TREATMENT, BUT RECOMMENDED AS AN OPTION FOR PATIENTS AT RISK OF ADVERSE EFFECTS FROM ORAL NSAIDS, AFTER CONSIDERING THE INCREASED RISK PROFILE WITH DICLOFENAC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines refer to topical analgesics as largely experimental, with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The submitted request did not specify a quantity of medication, a frequency of application, or a body part or parts to which this gel was to have been applied. Therefore, the request for Voltaren 1% Gel is not medically necessary.

Gabapentin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Gabapentin (Neurontin) Page(s): 16-22; 49.

Decision rationale: Per the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized control trials directed at central pain. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain, and a moderate response as a 30% reduction. Gabapentin has shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and is considered a first line treatment for neuropathic pain. It has also been recommended for complex regional pain syndrome. In this case, there is no documentation that this injured worker had complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no quantity of medication or frequency of administration included in the request. Therefore, the request for Gabapentin 300 mg is not medically necessary.