

Case Number:	CM14-0093199		
Date Assigned:	08/08/2014	Date of Injury:	02/07/2010
Decision Date:	09/15/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/19/2014

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 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:

The injured worker is a 57-year-old male who reported injury on 02/07/2010. Mechanism of injury was, in the midst of a fire, went through a ceiling, injuring his neck, mid back, elbows, wrists, and knees bilaterally. The injured worker has diagnoses of strain/strain of the cervical spine, bilateral elbow pain, bilateral wrist pain with basal joint pain, right greater than left, status post posterior fusion at the L4-S1, status post bilateral knee arthroscopy. The injured worker has past medical treatment that includes surgery, physical therapy, chiropractic therapy, the use of a TENS unit and medication therapy. The injured worker underwent bilateral steroid injections to the knees. Diagnostics include an MRI of the left knee without contrast that was obtained on 09/23/2013 which showed partial medial meniscectomy changes with a re-tear of the body and posterior horn of the meniscal remnant. There was a tiny focal fluid collection adjacent to the posterior horn likely representing a tiny parameniscal cyst. An MRI of the right knee without contrast obtained on 05/01/2014 revealed joint effusion, mild tri-compartmental osteoarthritic changes. There was also evidence of a horizontal oblique tear of the posterior horn of the medial meniscus. Lateral patellar tilt and subluxation with Chondromalacia of the patella. There was also anterior and posterior cruciate ligaments intact with no fracture or contusion. The injured worker underwent left knee arthroscopy on 03/28/2000 and right knee arthroscopy. It was not documented when that surgery took place. The injured worker complained of intermittent sharp pain and burning sensation in the neck that extended to the shoulders and was accompanied with headaches. The injured worker also complained of pain in the elbows that was increased with repetitive movement, wrist pain, the left greater than the right, and mid back pain accompanied with spasms. He described that pain as a constant burning and sharp pain. The injured worker stated that his left knee had pain which was dull that he felt was behind and below the knee cap. The right knee pain radiated down to the right leg and the top of the right foot. There were no

measurable pain levels documented in the submitted report. Physical examination dated 04/18/2014 revealed that the injured worker's cervical spine and shoulders had no gross deformity. There was no musculature rigidity or spasm. There was no palpable tenderness and there was also no sign of allodynia. Axial compression test was negative. The injured worker revealed to have a flexion of 54 degrees, extension of 40 degrees, right lateral bending 40 degrees, left lateral bending of 41 degrees, right lateral rotation of 80 degrees and left lateral rotation of 80 degrees. The triceps, biceps, and brachioradialis reflexes were present and equal bilaterally. Sensory examination did not reveal any areas of hyperesthesia. Range of motion on the shoulders revealed a flexion of 180 degrees, external rotation 90 degrees, internal rotation of 90 degrees, extension of 50 degrees, abduction of 180 degrees, and an adduction of 50 degrees. This was bilaterally. Examination of the elbows revealed that the Tinel's and Mill's test were negative bilaterally. There was tenderness about the triceps attachment on the right. Range of motion on the elbows revealed a flexion of 150 degrees, extension 0 degrees, pronation 80 degrees and supination 80 degrees, bilaterally. Examination of the knees revealed no gross deformity. There was tenderness along the lateral joint line on the right. Patella pressure and tapping on the patella did not cause discomfort. There were no signs of crepitus. McMurray's test was negative. There was also no laxity of the medial or lateral collateral ligaments. Range of motion of the knees revealed a flexion of 150 degrees bilaterally and an extension of 0 degrees bilaterally. Medications include Ecotrin 325 mg 1 tablet daily, Viibryd 40 mg 1 tablet daily, Lisinopril 20 mg 1 tablet daily, Phentermine 37.5 mg 1 capsule daily, Testosterone 2 ml 1 application daily, Quetiapine 100 mg 1 tablet at bedtime, Zolpidem 10 mg 1 tablet as needed, Xanax 1 mg 1 tablet as needed, Percocet 10/325 mg 1 tablet 4 times a day, Methocarbamol 750 mg 1 tablet 4 times a day. The treatment plan is for the injured worker to continue with his medications, undergo an alcohol test and a urine drug screen test. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Percocet 10/325mg # 120 (Date of Service 05/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80 and 92.

Decision rationale: The request for Retrospective Percocet 10/325mg # 120 (Date of Service 05/13/14) is not medically necessary. The injured worker complained of intermittent sharp pain and burning sensation in the neck that extended to the shoulders and was accompanied with headaches. The injured worker also complained of pain in the elbows that was increased with repetitive movement, wrist pain, the left greater than the right, and mid back pain accompanied with spasms. He described that pain as a constant burning and sharp pain. The injured worker stated that his left knee had pain which was dull that he felt was behind and below the knee cap. The right knee pain radiated down to the right leg and the top of the right foot. There were no measurable pain levels documented in the submitted report. The California Medical Treatment

Utilization Schedule (MTUS) guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The report submitted did not show any of the above. There was no documentation rating the injured worker's pain before and after the Percocet. There was also no mention of side effects or how long the medication worked for. The MTUS Guidelines also state that there is to be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There were no urinalyses submitted in the report for review. Furthermore, the guidelines recommend Percocet as needed for pain only, the medication was a scheduled opioid that was taken every 4 hours according to the progress note dated 04/18/2014. There are virtually no studies of opioids for treatment of chronic pain. The request submitted did not specify the frequency of the Percocet. Given the above, the request for retrospective Percocet is not medically necessary.

Retrospective Gabapentin 600mg # 90 (Date of Service 05/13/14): 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 Neurontin (Gabapentin) Page(s): 16 and 49.

Decision rationale: The request for Retrospective Gabapentin 600mg # 90 (Date of Service 05/13/14) is not medically necessary. The injured worker complained of intermittent sharp pain and burning sensation in the neck that extended to the shoulders and was accompanied with headaches. The injured worker also complained of pain in the elbows that was increased with repetitive movement, wrist pain, the left greater than the right, and mid back pain accompanied with spasms. He described that pain as a constant burning and sharp pain. The injured worker stated that his left knee had pain which was dull that he felt was behind and below the knee cap. The right knee pain radiated down to the right leg and the top of the right foot. There were no measurable pain levels documented in the submitted report. The California MTUS guidelines indicate that Gabapentin (Neurontin) is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of any side effects. The continued use of Anti-epileptic drugs (AEDs) depends on improved outcomes versus tolerability of adverse effects. Guidelines recommend for an adequate trial with gabapentin is 3 to 8 weeks for titration, then 1 to 2 weeks at maximum tolerated dosage. If there is inadequate control of pain a switch to another first-line drug is recommended. It was not noted in the submitted report whether the injured worker was receiving pain relief from the gabapentin. The submitted report also lacked any adequate control of pain. There were no levels of pain documented or improvements in function. Furthermore,

the request for the Gabapentin lacked a frequency and duration. As such, the request for retrospective Gabapentin 600 mg is not medically necessary.

Retrospective Robaxin 750mg 120 (Date of Service 05/13/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The request for Retrospective Robaxin 750mg 120 (Date of Service 05/13/14) is not medically necessary. The injured worker complained of intermittent sharp pain and burning sensation in the neck that extended to the shoulders and was accompanied with headaches. The injured worker also complained of pain in the elbows that was increased with repetitive movement, wrist pain, the left greater than the right, and mid back pain accompanied with spasms. He described that pain as a constant burning and sharp pain. The injured worker stated that his left knee had pain which was dull that he felt was behind and below the knee cap. The right knee pain radiated down to the right leg and the top of the right foot. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines state in most low back pain cases, Robaxin shows no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS guidelines also state that Robaxin is within the class of drugs with limited published evidence along with Chlorzoxazone, Dantrolene and Baclofen. The documentation submitted for review did not indicate whether the Robaxin had been effective thus far. There was no quantified information regarding pain relief. As the injured worker did state that his medications were helping somewhat with his pain, it was unclear as to what medications were helping with what. In addition, there was no assessment regarding intensity or longevity of the pain relief. The MTUS Guidelines recommend that Robaxin be taken as directed, 1500 mg 4 times a day for the first 2 to 3 days, then decreased to 750 mg 4 times a day for no more than 4 weeks. There was no evidence in the submitted report showing how long or how often the injured worker was taking the Robaxin, exceeding the MTUS recommended guidelines. The submitted report also did not specify the frequency of the requested medication. Given the above, the request for retrospective Robaxin is not supported by the MTUS Guideline recommendations. As such, the request is not medically necessary.

Retrospective Urine Drug Screen (Date of Service 05/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Procedure Summary- Pain, urine Drug Screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for Retrospective Urine Drug Screen (Date of Service 05/13/14) is not medically necessary. The Medical Treatment Utilization Schedule (MTUS) guidelines state using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are one of the steps used to take before a therapeutic trial of Opioids and on-going management of opioids. They are also used to differentiate dependence and addiction. The injured worker is being prescribed opioids and periodic quantitative drug screens to monitor prescription medication compliance and/or potential substance abuse, which is guideline supported. However, the medical necessity for quarterly urine drug screening in the injured worker was not documented. The frequency of the urine drug screen exceeds the recommendations of current evidence based guidelines. Guidelines also state that patients at low risk of addiction, aberrant behavior, should be tested within 6 months of initiation or therapy and on a yearly basis thereafter. There was no reason to perform conformity testing unless a test was inappropriate or there were unexpected results. If required, conformity testing should be for the questioned drugs only. As such, the request for retrospective urine drug screen is not medically necessary.

Alcohol Test: 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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Labtestsonline.org (Alcoholism).

Decision rationale: The request for alcohol test is not medically necessary. The Medical Treatment Utilization Schedule (MTUS) guidelines state using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are one of the steps used to take before a therapeutic trial of Opioids and on-going management of opioids. They are also used to differentiate dependence and addiction. According to Labtestsonline.org, there are no definitive laboratory tests that can be used to identify alcoholism. According to the Substance Abuse and Mental Health Administration, the test for alcoholism include: Gamma-glutamyl transferase (GGT), a liver enzyme that is increased by heavy alcohol intake and also by many other conditions that affect the liver, Mean corpuscular volume (MCV), which measures the size of red blood cells; usually measured as part of a complete blood count (CBC) test; the MCV may increase over time in those who are heavy drinkers but may also be affected by many other conditions, Aspartate aminotransferase (AST) and alanine aminotransferase (ALT), enzymes that can indicate liver damage, which is often related to alcohol use and comprehensive metabolic panel (CMP) or liver panel, groups of tests that are used to evaluate organ and liver function. The injured worker was being prescribed opioids and periodic quantitative drug screens to monitor prescription medication compliance and/or potential substance abuse, which is guideline supported. However, there was no documentation that the injured worker was presenting himself in an intoxicated state during his office visits. He was not being treated for alcohol dependence and denied using alcohol. The medical necessity of this request is not necessary. As such, the request for the alcohol test is not medically necessary. Furthermore, the submitted request did not specify whether the alcohol test was a blood test or a urine test.

Office visit/follow up for 10 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Office visit/follow up for 10 months is not medically necessary. ODG guidelines recommend office visits as they are to be determined medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There was no submitted documentation regarding the current clinical situation of the injured worker to determine when they would need to be seen again and without that information, necessity of 10 months' worth of office visits cannot be determined. The submitted request did not specify how often or how many office visits the injured worker would be attending in those 10 months. Furthermore, findings at the office visit would also determine the frequency of the next visit. As such, the request for follow-up office visits for 10 months is not medically necessary.