

Case Number:	CM15-0012775		
Date Assigned:	01/30/2015	Date of Injury:	03/26/2008
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who reported an injury on 03/26/2008. The mechanism of injury was the injured worker was at work at the flower shop and tripped over a box falling onto his right shoulder. The injured worker was undergoing urine drug screens. The injured worker had utilized Zofran since at least 2010 and AndroGel since at least 2011. The diagnostic studies were not provided. Documentation of 01/13/2015 revealed the injured worker had persistent low back pain radiating to the bilateral lower extremities. The pain was manageable on the current regimen. It further indicated that the injured worker had a spinal cord stimulator implanted on 08/08/2013 and reported at least 80% pain relief. The documentation indicated the injured worker responded to trigger point injections which provided between 2 to 3 weeks of pain relief, consistently greater than 50% with the ability to increase range of motion as well as increased activities of daily living throughout the day. The physician indicated that in the vast majority of injured workers, 80% of the injured workers reported 2 weeks of excellent great than 50% benefit, which the provider opined was a long time for someone that was in chronic pain to be relieved by a simple procedure. The injured worker reported when he did not get trigger point injections on a monthly basis, the pain was worse. Additionally, he indicated that the benefit from the trigger point injections lasted approximately 6 weeks, but it was not able to be reported in good faith of a 50% benefit. The request was made for trigger point injections. The injured worker was noted to have bilateral knee pain which was better after corticosteroid injections. The injured worker's medications were noted to include Duragesic 75 mg and Norco for breakthrough pain which were taken 2 to 3 times per day. The injured worker's medications

were noted to include Zofran 4 mg as needed and Androgel 1.62%, Flexeril 10 mg, Restoril 30 mg, Prezista 600 mg twice a day, Norvir 100 mg twice a day and Truvada 200 mg daily, Neurontin 600 mg 4 times a day, Duragesic 75 mcg every 2 days and Norco 10/325 3 times a day as needed. The physical examination revealed the injured worker had tenderness to palpation bilaterally with increased muscle rigidity. There were noted to be numerous trigger points which were palpable and tenderness throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion and was able to bend forward with his outstretched fingers to about 4 inches above the level of his knees and extension was limited to 10 degrees. The injured worker had pain with both movements, but worse in flexion. The injured worker underwent a lumbar MRI and a lumbar CT scan, as well as EMGs of the lower extremities. The diagnoses included lumbar musculoligamentous injury with left lower extremity radicular symptoms, right femoral neck fracture, status post ORIF, 03/27/2008, right knee internal derangement, right shoulder rotator cuff tear status post arthroscopic surgery 11/2008, adhesive capsulitis right shoulder, status post arthroscopic surgery 08/2009, status post ALIF L3-4 along with decompression of the left peroneal nerve on 09/09/2011, status post L1-S1 PLIF 06/27/2012, lumbar spinal cord stimulator implant 08/08/2013, and medication induced gastritis. The treatment plan included trigger point injections. The documentation indicated the injured worker had medical management therapies including physical therapy, muscle relaxants and stretching exercises that had failed to control the trigger point pain. The injured worker had discrete focal tenderness located in a palpable top band of skeletal muscles producing a local twitch response to stimuli in the band. Additionally, the request was made for Duragesic 75 mcg #15 and Norco 10/325 mg #90, and lumbar spine orthosis, self directed physical therapy at a gym, and it was further indicated the injured worker had additional prescription refills that were available for Neurontin, Flexeril and Restoril. There was a request for authorization submitted for review dated 01/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine drug testing: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of addiction abuse or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for One (1) urine drug testing is not medically necessary.

Four (4) trigger point injections: 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): 121-122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. There are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the injured worker had 50% pain relief. However there was a lack of documentation indicating the injured worker's pain relief lasted for 6 weeks and there was a lack of documentation of functional improvement for the duration of 6 weeks. The documentation indicated the injured worker was utilizing the trigger point therapy monthly. Additionally, the request as submitted failed to indicate where the trigger point injections were to be placed. Given the above and the lack of documentation, the request for Four (4) trigger point injections is not medically necessary.

Zofran 4 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antiemetics

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

Decision rationale: The Official Disability Guidelines indicate that antiemetics are not recommended for the treatment of nausea and vomiting secondary to opioid use. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2010. There was a lack of documented efficacy. There was a lack of documented rationale for the request of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zofran 4 mg is not medically necessary. Additionally, the request as submitted failed to indicate the quantity of medication being requested.

AndroGel 1.62%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: The California Medical Treatment & Utilization Schedule guideline recommend Testosterone replacement in limited circumstances for injured workers taking high-dose long-term opioids with documented low testosterone levels. Testosterone replacement for hypogonadism (related to opioids). The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The efficacy was not provided. The frequency and quantity of the Androgel being requested was not provided. Additionally, there was a lack of documentation of recent screening to indicate the injured worker had decreased testosterone. The injured worker had utilized the medication since at least 2011. Given the above, the request for Androgel 1.62% is not medically necessary.