

Case Number:	CM15-0128877		
Date Assigned:	07/15/2015	Date of Injury:	09/09/1997
Decision Date:	09/22/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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 57 year old male, who sustained an industrial injury on 9/09/1997. He reported a fall from a ladder, approximately 4-5 feet, landing on his back. The injured worker was diagnosed as having mild to moderate bilateral C7 radiulopathy, mild right L5 radiculopathy, gastritis secondary to non-steroidal anti-inflammatory drug use, chronic myofascial pain syndrome (cervical and thoracolumbar spine, moderate to severe), bruxism due to chronic pain disorder, and intermittent torticollis due to spasm of sternocleidomastoid muscles of the neck. Treatment to date has included diagnostics, chiropractic, physical therapy, trigger point injections, and medications. On 5/02/2015, the injured worker complains of constant upper and lower back pain (rated 8/10), with pain and numbness in his lower extremities. He also reported frequent headaches and neck pain, rated as varied between 6-7/10, without medications. His overall pain level decreased to 2/10 with medication use and allowed him to perform activities of daily living with less discomfort. He reported feeling severely depressed and having severe trouble sleeping without medications. Exam noted multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, as well as the gluteal musculature. The use of Norco, Flexeril, and Elavil was noted since at least 10/2014 and Xanax since at least 1/2015. He received 4 trigger point injections (thoracic muscles) and an epidural block (L4-5 interspace). He was currently retired. The treatment plan included continued medications. On 5/26/2015, subjective complaints and objective findings were unchanged. Again, continued medications were requested. Urine toxicology (5/26/2015) was negative for all tested substances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 05/02/15 with lower back pain rated 8/10 with associated numbness in the lower extremities, and neck pain rated 6-7/10. The patient's date of injury is 09/09/97. Patient has no documented surgical history directed at these complaints. The request is for NORCO 10/325MG (#200 PER RFA). The RFA is dated 05/26/15. Physical examination dated 05/26/15 reveals slightly-to-moderately reduced range of motion in the cervical and lumbar spine in all planes, multiple myofascial trigger points and taut bands throughout the cervical paraspinal region, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, and gluteal muscles. The provider also notes decreased sensation to light touch in the right C6-7 dermatomal distribution, lateral and posterior aspects of the right thigh, and rectal/buttocks region. The patient is currently prescribed Norco, Flexeril, Elvavil, and Xanax. Patient is currently retired/disabled receiving social security benefits. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Norco for the management of this patient's chronic pain, the request is not indicated per MTUS. The treater does provide documentation of the four A's including 60-80% analgesia with use of medications. Addressing functional benefits, it is mentioned that the patient is able to cook, sleep, and socialize owing to medications. The provider notes that the most recent urine drug screening collected was consistent with this patient's prescribed medications and documents a lack of aberrant behavior. Addressing opiate use for chronic pain, MTUS p80,81 states the following: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain in certain situations, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is presumed to be maintained by continual injury resulting in nociceptive pain, such as cancer. While this patient presents with significant chronic pain unresolved by conservative measures, he should be slowly weaned off of this medication. The request IS NOT medically necessary.

Flexeril 10mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 05/02/15 with lower back pain rated 8/10 with associated numbness in the lower extremities, and neck pain rated 6-7/10. The patient's date of injury is 09/09/97. Patient has no documented surgical history directed at these complaints. The request is for FLEXERIL 10MG (#60 PER RFA). The RFA is dated 05/26/15. Physical examination dated 05/26/15 reveals slightly-to-moderately reduced range of motion in the cervical and lumbar spine in all planes, multiple myofascial trigger points and taut bands throughout the cervical paraspinal region, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, and gluteal muscles. The provider also notes decreased sensation to light touch in the right C6-7 dermatomal distribution, lateral and posterior aspects of the right thigh, and rectal/buttocks region. The patient is currently prescribed Norco, Flexeril, Elvavil, and Xanax. Patient is currently retired/disabled receiving social security benefits. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 under Muscle relaxants states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 04/21/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back or cervical pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 60 tablets in addition to prior use does not imply the intent to limit use of this medication to 2-3 weeks. Therefore, the request IS NOT medically necessary.

Elavil 150mg (unspecified quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic anti-depressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15.

Decision rationale: The patient presents on 05/02/15 with lower back pain rated 8/10 with associated numbness in the lower extremities, and neck pain rated 6-7/10. The patient's date of injury is 09/09/97. Patient has no documented surgical history directed at these complaints. The request is for ELAVIL 150MG (#30 PER RFA). The RFA is dated 05/26/15. Physical examination dated 05/26/15 reveals slightly-to-moderately reduced range of motion in the cervical and lumbar spine in all planes, multiple myofascial trigger points and taut bands

throughout the cervical paraspinal region, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, and gluteal muscles. The provider also notes decreased sensation to light touch in the right C6-7 dermatomal distribution, lateral and posterior aspects of the right thigh, and rectal/buttocks region. The patient is currently prescribed Norco, Flexeril, Elvavil, and Xanax. Patient is currently retired/disabled receiving social security benefits. Regarding anti-depressants, MTUS Guidelines, page 13-15, under Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." In regard to the continuation of Amitriptyline for this patient's chronic pain, the request is appropriate. Progress note dated 05/02/15 includes documentation of 60-80% analgesia and some functional improvements attributed to medications, though does not specifically mention Elavil. Given guideline support for this medication as a first-line adjunct in chronic pain patients, and the documentation of medication efficacy provided, continuation is substantiated. The request IS medically necessary.

Xanax 0.25mg (unspecified quantity): 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: The patient presents on 05/02/15 with lower back pain rated 8/10 with associated numbness in the lower extremities, and neck pain rated 6-7/10. The patient's date of injury is 09/09/97. Patient has no documented surgical history directed at these complaints. The request is for XANAX 0.25MG (#90 PER RFA). The RFA is dated 05/26/15. Physical examination dated 05/26/15 reveals slightly-to-moderately reduced range of motion in the cervical and lumbar spine in all planes, multiple myofascial trigger points and taut bands throughout the cervical paraspinal region, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, and gluteal muscles. The provider also notes decreased sensation to light touch in the right C6-7 dermatomal distribution, lateral and posterior aspects of the right thigh, and rectal/buttocks region. The patient is currently prescribed Norco, Flexeril, Elvavil, and Xanax. Patient is currently retired/disabled receiving social security benefits. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines. Records indicate that this patient has been receiving Xanax for anxiety since at least 04/21/15. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy and is not supported by guidelines. While this patient presents with significant anxiety secondary to chronic pain, the requested 90 tablet prescription in addition to prior use does not imply short duration therapy and cannot be substantiated. Therefore, the request IS NOT medically necessary.

Retrospective request: 4 trigger point injections (DOS 5/2/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: The patient presents on 05/02/15 with lower back pain rated 8/10 with associated numbness in the lower extremities, and neck pain rated 6-7/10. The patient's date of injury is 09/09/97. Patient has no documented surgical history directed at these complaints. The request is for RETROSPECTIVE REQUEST: 4 TRIGGER POINT INJECTIONS (DOS 05/02/15). The RFA is dated 05/26/15. Physical examination dated 05/26/15 reveals slightly-to-moderately reduced range of motion in the cervical and lumbar spine in all planes, multiple myofascial trigger points and taut bands throughout the cervical paraspinal region, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, and gluteal muscles. The provider also notes decreased sensation to light touch in the right C6-7 dermatomal distribution, lateral and posterior aspects of the right thigh, and rectal/buttocks region. The patient is currently prescribed Norco, Flexeril, Elvavil, and Xanax. Patient is currently retired/disabled receiving social security benefits. ODG Pain chapter, under Trigger Point Injections, has the following: Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs: "TPIs with a local anesthetic may be recommended for the treatment of myofascial pain syndrome when all of the following criteria are met: 1. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2. Symptoms have persisted for more than three months..." In regard to the retrospective request for trigger point injections to the cervical spine, the request is appropriate. Progress note dated 05/02/15 discusses the performance of these injections, noting the presence of palpable circumscribed trigger points with taut bands, tenderness and referred pain. The documentation provided also indicates that these symptoms have persisted for greater than three months. Given the appropriate documentation of ODG examination criteria for such injections, the medical necessity is substantiated. The request IS medically necessary.