MAXIMUS Federal Services

Case Number:	CM15-0140995		
Date Assigned:	08/03/2015	Date of Injury:	03/12/2010
Decision Date:	10/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old man sustained an industrial injury on 3-12-2010. The mechanism of injury is not detailed. Evaluations include lumbar provocative discogram and electrodiagnostic studies dated 6-8-2011, lumbar spine MRIs dated 5-10-2012 and 7-1-2010, cervical spine MRI dated 5-10-2012, electromyogram/nerve conduction studies of the bilateral lower extremities dated 8-18-2010. Diagnoses include lumbar disc herniation with severe degenerative disc disease and foraminal narrowing, bilateral lower extremity radiculopathy, obesity, and medication induced gastritis. Treatment has included oral medications and lumbar epidural steroid injections. Physician notes dated 7-6-2015 show complaints of persistent low back pain rated 7 out of 10 with radiation to the bilateral lower extremities. Recommendations include trigger point injections, Norco, Topamax, Neurontin, Anaprox, Prilosec, follow up with orthopedic surgeon, follow up with primary treating physician, possible future lumbar epidural steroid injection, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 10/18/12, 7/19/12): Trigger Point Injection (#4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The MTUS guidelines only recommend trigger point injections for myofascial pain that is non-radicular in nature and under recognition of limited lasting value 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; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. With no evidence of lasting relief from prior injections coupled with reports of radiculopathy in the provided documentation, the requirements of the guidelines are not met, and therefore the treatment cannot be considered medically necessary without further documented clarification.

Retro (DOS 10/18/12): Lortab 7.5/500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, when to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the requests for Lortab and Norco. Appropriate weaning is indicated. Given the lack of clear evidence to support functional improvement on opioids and the chronic risk of continued treatment, the request for Lortab and the request for Norco are not considered medically necessary.

Retro (DOS 10/18/12, 7/19/12): Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Tizanidine (Zanaflex).

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

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication based on the provided documents, the quantity of medications currently requested cannot be considered medically necessary and appropriate.

Retro (DOS 10/18/12, 7/19/12): Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic): Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 21.

Decision rationale: The use of topiramate is clearly addressed by the MTUS guidelines with respect to use in cases of chronic pain. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The provided documents do not provide clear evidence that previous attempts at treatment with first-line anticonvulsants have failed and there is no objective evidence that treatment with Topamax has resulted in measureable functional improvement. Therefore, given the provided records and the position of the MTUS, the request for treatment with topiramate cannot, at this time, be considered medically necessary.

Retro (DOS 10/18/12, 7/19/12): Anaprox 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The provided records indicate that there is gastrointestinal upset present subsequent to treatment with NSAIDs. This is concerning when considering use of NSAIDs, and according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given the lack of evidence to support efficacy in improving pain or functional improvement, it appears the risk of treatment with Naproxen likely outweighs the benefit and therefore the treatment is not considered medically necessary.

Retro (DOS 10/18/12, 7/19/12): Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Proton Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is concern for gastrointestinal symptomatology in the provided records. It is the opinion of this reviewer that the request for Prilosec is reasonable in order to treat possible dyspepsia, etc., particularly during the time that Anaprox is being discontinued and has still been recently prescribed. Clarification of need prior to continued treatment, to include exam findings, etc., should be included for further requests for continued treatment after discontinuation of NSAIDs. In this case, based on the guidelines and provided records, the retro request for Prilosec is reasonable and therefore considered medically appropriate given the risk of untreated GI concerns.

Retro (DOS 11/20/12, 8/17/12): Follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic): Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The MTUS discusses follow up visits as a cornerstone of disability prevention and management. According to the MTUS, clinicians can provide extra support to make sure anxious or reluctant patients return to full function as soon as possible in order to avoid inadvertently rewarding avoidance behavior or phobic-like reactions. Even when the medical condition is not expected to change appreciably from week to week, frequent follow-up visits are often warranted for monitoring in order to provide structure and reassurance. Given the chronicity of this patient's condition, changes to medications, and clear need for reassessment and evaluation to ensure continued appropriate management, the request for follow up office visit is considered medically necessary and appropriate.

Retro (DOS 7/19/12): Norco 10/500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the requests for Lortab and Norco. Appropriate weaning is indicated. Given the lack of clear evidence to support functional improvement on opioids and the chronic risk of continued treatment, the request for Lortab and the request for Norco are not considered medically necessary.