

Case Number:	CM15-0141020		
Date Assigned:	08/06/2015	Date of Injury:	03/12/2010
Decision Date:	10/13/2015	UR Denial Date:	07/09/2015
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: California

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 3-12-2010, while employed as a locksmith and door mechanic. He initially reported back pain with radiation to the left leg and left testicle. The injured worker was diagnosed as having lumbar myoligamentous injury with severe degenerative disc disease and foraminal narrowing, bilateral lower extremity radiculopathy, left greater than right, and obesity. Treatment to date has included diagnostics, physiotherapy, epidural steroid injections, mental health treatment, and medications. Per the progress report (3-23-2011), the injured worker reported increased low back pain and denied recent trauma. His pain was not rated. He reported taking an increase in Norco, up to twice daily. Other medications included Zolof, Neurontin, Naproxen, Zanaflex, and Dendracin topical cream. Urine toxicology was documented as inconsistent, noting formal quantitative confirmation to follow. A neurosurgical consultation was noted on 4-28-2011, with recommendation for lumbar discogram to rule out lumbar discogenic pain. Urine toxicology (4-28-2011) was inconsistent with prescribed medications. Neurosurgical follow-up (5-25-2011) noted unchanged recommendations. The PR2 (5-31-2011) noted continued pain, under control for the most part with medication and therapy, but increased with even activities of daily living. His pain was not rated. The treatment plan included follow-up for lumbar spine discogram and follow-up with neurosurgeon. His work status was total temporary disability. The pain management progress report (6-01-2011) noted continued low back pain with radiation down his lower extremities. Pain was not rated and medications included Norco, Neurontin, Naproxen, Zanaflex, and Dendracin. Urine drug testing was performed, with formal quantitative confirmation to follow. He received trigger point injections, noting palpable trigger points with discrete focal tenderness in a taut band of skeletal muscle, which produced a local twitch

response to stimulus to the band. Neurosurgical follow-up visit on 7-21-2011 noted ongoing low back pain, rated 3-4 out of 10 and left hip and groin pain, rated 2 out of 10. Positive discogram at L4-5 greater than L5-S1 was noted, along with negative controls at L1-2, L2-3, and L3-4. The Orthopaedic Qualified Medical Evaluation (7-23-2011) noted that the injured worker did not warrant further care on an industrial basis. On 7-27-2011, he requested trigger point injections for his low back pain with radiation to the lower extremities, rated 4 out of 10. Medications included Norco, Neurontin, Naproxen, Zanaflex, and Dendracin. He again received trigger point injections. He was to follow-up with physician recommending surgical intervention to the spine. On 8-23-2011, he reported ongoing debilitating pain in the lower back, with radiation to the lower extremities. Pain was not rated. He requested trigger point injections, since these provided at least 2 weeks of temporary relief. Medications included Norco, Topamax, Naproxen, Zanaflex, and Dendracin. He was to follow-up for surgical intervention to the spine. Urine toxicology was submitted for 10-25-2011 and 10-31-2015, noting inconsistencies. Orthopaedic Qualified Medical Evaluation (11-12-2011) noted that the injured worker did not warrant future medical care on an industrial basis. Psychological consultation (11-30-2011) noted diagnoses to include depressive disorder, not otherwise specified, generalized anxiety disorder, male erectile dysfunction due to medical condition, insomnia related to anxiety disorder, not otherwise specified and chronic pain, and psychological factors affecting medical condition, high blood pressure. Progress reports regarding the requested treatments from 12-2011 through 1-2012 were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine drug screen DOS: 6/1/2011, 1/17/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen DOS: 6/1/2011, 1/17/2012 is not medically necessary.

Retro Quantitative urine testing, DOS: 6/1/2011, 1/25/2012: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: According to the Official Disability Guidelines, quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of

distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. In regard to this case, there is no documentation qualifying the necessity of quantitative analysis. Retro Quantitative urine testing, DOS: 6/1/2011, 1/25/2012 is not medically necessary.

Retro Norco 10/325mg #60, DOS: 6/1/2011, 8/23/2011, 12/8/2011, 7/27/2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Retro Norco 10/325mg #60, DOS: 6/1/2011, 8/23/2011, 12/8/2011, 7/27/2011 is not medically necessary.

Retro Anaprox DS 550mg #60, DOS: 6/1/2011, 8/23/2011, 7/27/2011, 1/17/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Retro Anaprox DS 550mg #60, DOS: 6/1/2011, 8/23/2011, 7/27/2011, 1/17/2012 is not medically necessary.

Retro Neurontin 600mg #60, DOS: 6/1/2011, 7/27/2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that Gabapentin is an anti-epilepsy drug which has been 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. An adequate trial period for Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Retro Neurontin 600mg #60, DOS: 6/1/2011, 7/27/2011 is not medically necessary.

Retro Zanaflex 4mg #60, DOS: 6/1/2011, 8/23/2011, 12/8/2011, 7/27/2011, 1/17/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Retro Zanaflex 4mg #60, DOS: 6/1/2011, 8/23/2011, 12/8/2011, 7/27/2011, 1/17/2012 is not medically necessary.

Retro Trigger point injections x 4, DOS: 6/1/2011, 8/23/2011, 12/8/2011, 7/27/2011, 1/17/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. Retro Trigger point injections x 4, DOS: 6/1/2011, 8/23/2011, 12/8/2011, 7/27/2011, 1/17/2012 are not medically necessary.

Retro Topamax 25mg #60 DOS: 8/23/2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is prescribed for a patient for other than painful polyneuropathy or postherpetic neuralgia, a first-line medication such as Gabapentin or Pregabalin should be tried initially. The patient complains of central-type and radicular pain. The medical record lacks documentation that the patient has been tried on any first-line agents. Topamax 25mg #60 DOS: 8/23/2011 is not medically necessary.

Retro Topamax 50mg #60, DOS: 12/8/2011, 1/17/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is prescribed for a patient for other than painful polyneuropathy or postherpetic neuralgia, a first-line medication such as Gabapentin or Pregabalin should be tried initially. The patient complains of central-type and radicular pain. The medical record lacks documentation that the patient has been tried on any first-line agents. Topamax 50mg #60, DOS: 12/8/2011, 1/17/2012 is not medically necessary.

Retro follow-up with specialist x2, DOS: 12/28/2011: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Follow-up Visits.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. The patient has chronic pain and has had extensive conservative care with no documented change in symptoms or increase in function over time. The documentation provided for review lacks any specific subjective complaints or objective exam findings for which a follow-up visit would be medically necessary at this time. Retro follow-up with specialist x2, DOS: 12/28/2011 is not medically necessary.

Retro follow-up with a neurosurgeon, DOS: 7/21/2011: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits, Physical Examination.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. The patient has chronic pain and has had extensive conservative care with no documented change in symptoms or increase in function over time. The documentation provided for review lacks any specific subjective complaints or objective exam findings for which a follow-up visit would be medically necessary at this time. Retro follow-up with a neurosurgeon, DOS: 7/21/2011 is not medically necessary.

Retro 60 Lortab (Hydrocodone) 10/500mg, DOS: 1/17/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Retro 60 Lortab (Hydrocodone) 10/500mg, DOS: 1/17/2012 is not medically necessary.