

Case Number:	CM15-0143096		
Date Assigned:	07/31/2015	Date of Injury:	03/12/2010
Decision Date:	10/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 was a 55-year-old male, who sustained an industrial injury, March 12, 2010. The injured worker previously received the following treatments lumbar epidural injection, Vicodin, Neurontin, Naproxen, Zanaflex, Dendracin, Naproxen, topical analgesic cream, acupuncture, physical therapy, transforaminal epidural steroid injections at L4-L5 bilaterally, random toxicology laboratory studies was negative for any unexpected findings, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities which showed mild acute L3-L4 radiculopathy on the left, home exercise program, cervical spine MRI, lumbar spine MRI and discogram was positive at L4-L5, greater than L5-S1 along with EMG studies. The injured worker was diagnosed with lumbar myoligamentous injury with severe degenerative disc disease and foraminal narrowing, bilateral lower extremity radiculopathy, left greater than the right, peripheral neuropathy and obesity. According to progress note of May 27, 2015, the injured worker's chief complaint was lower back with radicular symptoms to both lower extremities, left greater than the right. The injured worker was using Norco, which provides 30% to 40% pain relief, which lasted a good 3-4 hours. The Anaprox, Topamax and Zanaflex enables to keep pain manageable as well as enable to keep the Norco down to a minimum. The injured worker rated the pain 7 out of 10. The physical exam noted decreased range of motion in all planes with bilateral Achilles tendon reflexes were 1 out of 2 bilaterally. There was tenderness posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that are palpation and tender throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion with obvious muscle guarding. The treatment plan included prescription renewals for Norco, Anaprox, Prilosec, Topamax, Zanaflex and a follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 11/4/13, 4/9/14): Norco 10/325 #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, criteria for use Page(s): 75-79.

Decision rationale: The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines, the request is not medically necessary.

Retro (DOS 11/4/13, 4/29/14): Anaprox DS 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 (non-steroidal anti-inflammatory drugs) Page(s): 66-73.

Decision rationale: MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is lack of documentation of functional improvement, while on this medication. According to the clinical documentation provided and current MTUS guidelines, the request is not medically necessary.

Retro (DOS 11/6/13, 4/9/14): Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitors (PPIs) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient does meet the above criteria. Therefore, the request is not medically necessary.

Retro (DOS 11/6/13, 4/28/14): Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax). 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 Page(s): 21.

Decision rationale: MTUS guidelines state the following: has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use in neuropathic pain when other anticonvulsants fail. There is lack of objective documentation of functional improvement, while on this medication. According to the clinical documentation provided and current MTUS guidelines, the request is not medically necessary.

Retro (DOS 11/4/13, 4/28/14): Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short-term therapy. Therefore, the request is not medically necessary

Retro (DOS 4/9/14, 7/21/14): Follow-up visits: 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) (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for follow up appointments. The patient is currently on controlled substances, and should have follow-up. According to the clinical documentation provided and current guidelines, follow up appointments are indicated as a medical necessity to the patient at this time.

Retro (DOS 11/4/13): Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 76-77.

Decision rationale: MTUS guidelines state the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The clinical documents state that the patient is taking controlled substances. According to the clinical documentation provided and current MTUS guidelines; the urine drug screen, as requested, is indicated a medical necessity to the patient at this time.

Retro (DOS 11/4/13): 4 Trigger Point Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122-123.

Decision rationale: MTUS guidelines state that trigger point injections, with a local anesthetic, may be recommended for the treatment of chronic low back or neck pain with 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; (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. The clinical documents state that the patient has had previous injections with no documented functional improvement. The patient has not met these above criteria for continued injections. According to the clinical documentation provided and current MTUS guidelines, the request is not medically necessary.