MAXIMUS Federal Services

Case Number:	CM15-0173013		
Date Assigned:	09/15/2015	Date of Injury:	10/02/2011
Decision Date:	11/03/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/02/2015

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 60-year-old female who sustained an industrial injury October 2, 2011. Diagnoses have included cervical disc degeneration, neck sprain or strain, cervicobrachial syndrome, and chronic pain syndrome. Documented treatment includes rest; ice; heat; trigger point injection improving range motion and providing benefit for three months; and, medication including Neurontin, Vistaril, Butran's patch bringing pain from 10 to 6 out of 10, and Cymbalta. The injured worker continues to complain of pain in the neck and upper left extremity described as "achy, throbbing, numb, radiating, cramping, constant and severe" with average pain rated as 7 out of 10 with medication and 10 out of 10 without. Examination reveals trigger points and muscle spasms in the bilateral superior trapezius, and decreased, painful range of motion with 50 percent rotation. Additionally, the injured worker reports sleeplessness and anxiety related to pain. The treating physician's plan of care includes Butrans patch 15 Mcg; Vistaril 25 mg; trigger point injections to the bilateral superior trapezius; six acupuncture sessions; and, a urine drug screen, all of which were denied August 6, 2015. Current work status is stated as modified July 29, 2015, but she is reported as not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Assistant Butrans Patch 15 MCG #4 1 Patch Every 7 Days: 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: Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. 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 narcotics, the patient has reported very little functional improvement over the course of two years. Refill of Assistant Butrans Patch 15 MCG #4 1 Patch Every 7 Days is not medically necessary.

Refill of Vistaril 25 MG #30: Upheld

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

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), Anxiety medications in chronic pain.

Decision rationale: The Official Disability Guidelines do recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis. But they are not recommended for longer than two weeks. The patient has been taking this medication for longer than the time frame recommended by the guidelines and without any documentation of significant functional improvement. Refill of Vistaril 25 MG #30 is not medically necessary.

Trigger Point Injection to the Bilateral Superior Trapezius: Overturned

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. There was documentation that the patient had myospasm of the bilateral superior trapezius. I am reversing the previous utilization review decision. Trigger Point Injection to The Bilateral Superior Trapezius is medically necessary.

Acupuncture for the Neck 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. Acupuncture for The Neck 2x3 is not medically necessary.

Urine Drug Screen: 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 is not medically necessary.