

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0178736 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 09/05/2014 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male individual who sustained an industrial injury on 9-5-14 injuring his left hand. He sustained a cumulative trauma injury from 2011 to the present (8-5-15) involving his neck, bilateral shoulders, elbows and knees. Diagnoses included cervical herniated nucleus pulposus with right upper extremity radicular symptoms; bilateral shoulder sprain-strain; lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy; bilateral knee sprain-strain; medication induced gastritis; left hand sprain-strain; reactionary depression-anxiety. He currently (8-5-15) complains of neck pain that radiates down both shoulders and bilateral upper extremities and with a pain level of 7 out of 10; bilateral shoulder pain; pain and numbness in the left hand with limited gripping and grasping; low back pain with radiation down both lower extremities. He has limited mobility especially with stairs and limited activity tolerance. On physical exam of the cervical spine there was tenderness to palpation bilaterally with muscle rigidity, numerous trigger points that are palpable and tender, decreased range of motion with muscle guarding, decreased sensation in the C5-6 distribution of the right upper extremity; there was tenderness to palpation of bilateral shoulders with decreased range of motion; left hand displayed tenderness with mild soft tissue swelling; the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points are palpable, decreased range of motion and muscle guarding, decreased sensation about the L5-S1 distribution bilaterally. Treatments to date include Aleve; physical therapy. There was no request for authorization present. In the progress note dated 8-5-15 the treating provider's plan of care included performing a urine drug screen which was negative for opiates and inconsistent per 8-5-15 note; four trigger point injections to improve function and decrease medication use,

after injections he experienced greater than 50% relief; Prilosec 20mg #60 for medication induced gastritis. On 8-20-15 utilization review evaluated and non-certified the retrospective (8-5-15) requests for urine drug screen #1 based on no documentation of current opioid use, no results from prior drug screens, no history of substance abuse or issues with prescribed medications; trigger point injections #4 based on no exceptional factors noted to consider the request, radiculopathy was not present by exam or neurological testing; Prilosec 20mg #60 was modified to Prilosec 20mg #30 based on referenced guidelines once daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (DOS: 08/05/2015): 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, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: The claimant sustained a work injury with date of injury in September 2014 and was seen for an initial evaluation by the requesting provider on 08/05/15. His injury occurred when he sustained a left hand contusion. When seen, he was having radiating neck pain, radiating low back pain, bilateral shoulder pain, and left hand pain with numbness. Medications were Aleve with occasional heartburn symptoms. Physical examination findings included appearing in moderate distress. There was cervical and lumbar tenderness with increased muscle rigidity and numerous trigger and tender points. There was decreased range of motion with muscle guarding. He had decreased right upper and bilateral lower extremity sensation. There was bilateral shoulder tenderness with decreased range of motion. There was left hand tenderness with mild soft tissue swelling. There was bilateral knee tenderness and crepitus with range of motion. Urine drug screening was performed and was negative for opiate medication. This was interpreted as inconsistent and confirmatory testing was requested. He was referred for physical therapy and trigger point injections were performed. Anaprox DS 550 mg BID and Prilosec 20 mg BID were prescribed. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. Although the results were negative and interpreted as inconsistent, the only documented medication being taken when the testing was performed was Aleve and the interpretation of the urine drug screening result is not supported. The urine drug screening and confirmation testing that was performed is not considered medically necessary.

Retrospective trigger point injections, #4 (DOS: 08/05/2015): 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 claimant sustained a work injury with date of injury in September 2014 and was seen for an initial evaluation by the requesting provider on 08/05/15. His injury occurred when he sustained a left hand contusion. When seen, he was having radiating neck pain, radiating low back pain, bilateral shoulder pain, and left hand pain with numbness. Medications were Aleve with occasional heartburn symptoms. Physical examination findings included appearing in moderate distress. There was cervical and lumbar tenderness with increased muscle rigidity and numerous trigger and tender points. There was decreased range of motion with muscle guarding. He had decreased right upper and bilateral lower extremity sensation. There was bilateral shoulder tenderness with decreased range of motion. There was left hand tenderness with mild soft tissue swelling. There was bilateral knee tenderness and crepitus with range of motion. Urine drug screening was performed and was negative for opiate medication. This was interpreted as inconsistent and confirmatory testing was requested. He was referred for physical therapy and trigger point injections were performed. Anaprox DS 550 mg BID and Prilosec 20 mg BID were prescribed. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain and that symptoms have persisted for more than three months despite conservative treatments. In this case, the presence of a twitch response with referred pain is not documented and the claimant was also referred for physical therapy. A trigger point injection was not medically necessary.

Retrospective Prilosec 20mg capsules, #60 (DOS: 08/05/2015): 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Prilosec prescribing information.

Decision rationale: The claimant sustained a work injury with date of injury in September 2014 and was seen for an initial evaluation by the requesting provider on 08/05/15. His injury occurred when he sustained a left hand contusion. When seen, he was having radiating neck pain, radiating low back pain, bilateral shoulder pain, and left hand pain with numbness. Medications were Aleve with occasional heartburn symptoms. Physical examination findings included appearing in moderate distress. There was cervical and lumbar tenderness with increased muscle rigidity and numerous trigger and tender points. There was decreased range of motion with muscle guarding. He had decreased right upper and bilateral lower extremity sensation. There was bilateral shoulder tenderness with decreased range of motion. There was left hand tenderness with mild soft tissue swelling. There was bilateral knee tenderness and crepitus with range of motion. Urine drug screening was performed and was negative for opiate medication. This was interpreted as inconsistent and confirmatory testing was requested. He was referred for physical therapy and trigger point injections were performed. Anaprox DS 550 mg BID and Prilosec 20 mg BID were prescribed. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant was being prescribed Anaprox (naproxen) and had a history of gastrointestinal upset.

However, the recommended dose of Prilosec (omeprazole) for an adult patient with symptoms of gastroesophageal reflux disease is 20 mg per day. The dosing requested is not consistent with that recommended and the request cannot be accepted as being medically necessary.