

Case Number:	CM15-0048755		
Date Assigned:	04/15/2015	Date of Injury:	05/04/2005
Decision Date:	05/28/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation

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 54 year old female who sustained an industrial lifting injury on May 4, 2005. The injured worker was diagnosed with Achilles tendinitis, lumbar post-laminectomy syndrome, lumbar spondylosis, lumbosacral radiculitis and radiculopathy, myalgia and myositis, cervical radiculopathy, gastroesophageal reflux disorder (GERD), anxiety and depression. Treatment to date includes diagnostic testing, surgeries, psychological evaluations, physical therapy, trigger point injections and medications. The injured worker is status post microdiscectomy in 2007, lumbar fusion in 2008, and a spinal cord stimulator (SCS) in July 2013. According to the primary treating physician's progress report on February 12, 2015, the injured worker continues to experience low back, leg and neck pain. Low back pain radiates to the left and ankles, both feet and the left thigh. The injured worker rates her pain without medications 7/10, with medications 2/10 and average 4/10. With medications the injured worker is able to perform simple chores around the house and have minimal activities outside of the house two days a week. The injured worker had a signed medication agreement and was being monitored through CURES and urine drug screening. Examination of the lumbar spine demonstrated circumscribed taut bands twitching on palpation referring pain to the buttocks and superiorly and laterally along the paraspinous. Active range of motion was painful. Reflexes and sensation are within normal limits. Current medications are listed as Omeprazole, Norco, Gabapentin, Butrans, Topiramate, Senna, Nortriptyline, Lyrica, and Celexa. Treatment plan consists of heat, ice, home exercise program and medications along with the request for trigger point injections, three left posterior superior iliac spine (PSIS); laboratory blood work for

Acetaminophen Buprenorphine (Suboxone) Serum and Hydrocodone & Metabolite Serum and medication renewal of Celexa 20mg #30, Butrans 10mcg/hour patch #4 with one refill, Norco 10/325mg #180, Lyrica 50mg #50, Maxalt 10mg #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and an objective improvement in function. There was documentation of a psychological assessment, however, there was a lack of documentation of changes in the use and assessment in the changes of use of other analgesic medications, sleep quality and duration. The request as submitted failed to indicate the frequency for the requested medications. Given the above, the request for Celexa 20 mg #30 is not medically necessary.

Butrans 10mcg/hr patch #4 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain, object improvement in function and was being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide a rationale for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medications. Given the above, the request for Butrans 10mcg/hr patch #4 with one refill is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain, object improvement in function and was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medications. Given the above, the request for Norco 10/325 mg #180 is not medically necessary.

Lyrica 50mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a 30% to 50% decrease in pain and there was documentation of objective functional improvement. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 50 mg #50 is not medically necessary.

Acetaminophen Buprenorphine (Suboxone) Serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The do not address serum testing. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that, if a urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the questioned drug. If negative on

confirmatory testing the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or non-compliance. Additional monitoring is recommended including pill counts. There was a lack of documented rationale for the request. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for acetaminophen buprenorphine (suboxone) serum is not medically necessary.

Hydrocodone & Metabolite Serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The do not address serum testing. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that, if a urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the questioned drug. If negative on confirmatory testing the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or non-compliance. Additional monitoring is recommended including pill counts. There was a lack of documented rationale for the request. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for hydrocodone and metabolite serum is not medically necessary.

Maxalt 10mg #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines indicate that triptans are recommended for injured workers with migraine headaches. The clinical documentation submitted for review failed to provide documentation of a decrease in the quantity or duration of headaches. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Maxalt 10 mg #6 is not medically necessary.

Trigger point injections, three left PSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. However, there was a lack of documentation indicating that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants had failed to control pain. There was a lack of documentation that radiculopathy was not present as there were no myotomal or dermatomal findings noted. Given the above, the request for trigger point injections, 3 left PSIS is not medically necessary.