

Case Number:	CM15-0072340		
Date Assigned:	04/22/2015	Date of Injury:	04/20/2001
Decision Date:	07/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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:

This 63-year-old female sustained an industrial injury on 4/20/01. She subsequently reported neck and left shoulder pain. Diagnoses include myalgia and chronic pain syndrome. Treatments to date have included x-rays, MRIs, surgeries, therapy and prescription pain medications. The injured worker continues to experience left neck, shoulder and hand pain and headaches. A request for CBC (includes DIFF/PLT), EIA9 with alcohol - RFLX urine, urinalysis, complete, Left subdural bursa injection, Trazodone, Cyclobenzaprine and Oxycodone medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (includes DIFF/PLT), EIA9 with alcohol - RFLX urine, urinalysis, complete: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation <http://labtestonline.org/understanding/analytes/cmp>, <http://labtestonline.org/understanding/analytes/cbc/lab/test><http://labtestonline.org/understanding/analytes/ethano/lab/sample>. 26 Page(s): 74-96. Decision based on Non-MTUS Citation Up-to-Date.com. Drug information.

Decision rationale: The patient is a 63 year old woman with chronic pain. She is treated with trazadone, flexeril, oxycodone and prilosec. The documentation doesn't support that there is a concern for anemia or any suspected complications from her medications. According to up-to-date. drug information, there is no recommendation for frequent CBC monitoring. The patient has had a cbc and cmp on 10/16/14. There is no documentation to suggest there were any abnormalities that need follow up lab testing. Furthermore, with respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case there is no documentation that the provider suspects drug misuse or abuse. There is no medical necessity for EIA9 with alcohol. The request is not medically necessary.

Trazodone, oxycodone, & metabolite serum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestonline.org/understanding/analytes/therapeutic-drug/?start=0>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-Date. com. Drug information, Trazadone.

Decision rationale: The MTUS is silent regarding the use of trazodone. Trazodone is an antidepressant, Serotonin Reuptake Inhibitor/Antagonist FDA approved for the use of depression. An off-label use is for insomnia. For the treatment of depression the dose is 150 mg daily in divided doses (may increase by 50 mg daily every 3 to 4 days); once daily doses at bedtime may be considered to minimize adverse effects (Haria,1994; Rawls,1982); maximum dose: 600 mg daily. Monitoring parameters are baseline liver function prior to and periodically during therapy; suicide ideation (especially at the beginning of therapy or when doses are increased or decreased); signs/symptoms of serotonin syndrome. In this case, the current dose is not a recommended dose for treatment of depression and the documentation doesn't show that the medication is being properly monitored. The request is not medically necessary.

Cyclobenzaprine, serum/plasma: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestonline.org/understanding/analytes/therapeutic-drug/?start=0>. 26 Page(s): 64-66.

Decision rationale: Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the patient has been using flexeril with oxycodone. The concomitant use of these medications is not recommended. Furthermore the patient has been using the medication for longer than the prescribed amount of time. The request is not medically

necessary.

Left subdural bursa injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - p. 211-214 Official Disability Guidelines-Treatment in Workers' Compensation, Shoulder chapter last updated 04/03/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20-26 Page(s): 122.

Decision rationale: 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, PT, NSAIDS and muscle relaxants have failed to control pain; 4. Radiculopathy is not present; 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. In this case, the patient has chronic shoulder. The patient has received a prior subacromial bursal injection with improved function but the documentation doesn't specify if the pain was reduced by more than 50%. The repeat injection of the subacromial bursa is not medically necessary.

Oxycodone HCL 15mg, Qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20-26 Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neurophic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. In this case the documentation doesn't support that the patient has had functional improvement while taking this medication. The continued use of oxycodone is not medically necessary.