

<b>Case Number:</b>	CM15-0096732		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Texas, New York, 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:

In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve request for OxyContin, Nucynta, and trigger point injection. The claims administrator did, however, partially approve a request for one of three office visits. Non-MTUS ODG Guidelines were invoked to partially approve the request for office visits, despite the fact that the MTUS addressed the topic. The claims administrator contended that the applicant had received multiple previous trigger point injections over the course of the claim, without profit. An April 16, 2015 progress note was referenced in the determination. On April 13, 2015, the applicant reported moderate-to-severe low back pain radiating to the bilateral lower extremities. The applicant apparently requested a trigger point injection, it was acknowledged. The applicant stated that she was having difficulty doing prolonged driving activities. The attending provider then stated, somewhat incongruously, that the applicant's medications were helping in another section of the note. The note was very difficult to follow and mingled historical issues with current issues. The applicant received acupuncture, hot and cold therapy, and multiple trigger point injections as early as May 2010, it was acknowledged. The applicant had also received facet injections and epidural steroid injections over the course of the claim. The applicant sought authorization for a new bed mattress and home Jacuzzi. Amrix, Lidoderm patches, Lyrica, Nucynta, OxyContin, Voltaren gel, and Zanaflex were renewed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On March 22, 2015, the applicant posited that her pain complaints were moderate-to-severe and aggravated by activities as basic as bending, twisting, and driving. Once again, the applicant's work status was not explicitly stated,

although it was suggested that the applicant was not working. The note was highly templated and mingled historical issues with current issues.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycontin 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not explicitly stated on progress notes of April 16, 2015, February 17, 2015, and/or March 26, 2015, although it was suggested that the applicant was not working on those dates. The applicant reported moderate-to-severe pain complaints on those dates and continued to report difficulty to perform activities of daily living as basic as driving, bending, twisting, and other activities of daily living. All of the foregoing, taken together did not make a compelling case for continuation of opioid therapy with OxyContin. Therefore, the request was not medically necessary.

**Nucynta 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Nucynta, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not explicitly discussed on multiple office visits on early-to-mid 2015, suggesting that the applicant was not, in fact, working. The applicant continued to report pain complaints in the moderate-to-severe range, despite ongoing Nucynta usage. The applicant continued to report that activities of daily living as basic as bending, driving, and twisting remained problematic. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Nucynta. Therefore, the request was not medically necessary.

**Follow-up visits, DOS: 5/14/15, 6/11/15, 7/9/15:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Conversely, the request for three follow up visits was medically necessary, medically appropriate, or indicated here. As noted in MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow up visits are "often warranted" in even those applicants who conditions are not expected to change appreciable from week to week or visit to visit. Here, the applicant was seemingly off work. The applicant was using a variety of opioid and non-opioid agents. Periodic follow up visits were, thus, indicated on several levels, including for disability management and/or medication management purposes. Therefore, the request was medically necessary.

**Trigger point injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

**Decision rationale:** Finally, the request for a trigger point injection was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for a repeat trigger point injection. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines notes that pursuit of repeat trigger point injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was seemingly off work, despite receipt of prior trigger point injections. Earlier trigger point injections failed to curtail the applicant's dependence on opioid agents such as OxyContin and Nucynta. The applicant continued to report pain complaints in the moderate-to-severe range despite receipt of multiple prior trigger point injections over the course of the claim. Therefore, the request for a repeat trigger point injection was not medically necessary.