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 57 year old female, who sustained an industrial injury on 6/30/00. She reported pain in her neck. The injured worker was diagnosed as having cervical stenosis, failed neck surgery syndrome, cervical radiculopathy and headache. Treatment to date has included physical therapy, a cervical fusion and a cervical MRI on 1/13/14 showing moderate to severe central canal narrowing. Current medications include Norco, Soma, Zofran, Celebrex, Medrol Pak, Skelaxin, Fioricet, Cymbalta, Imitrex and Ativan. The urine drug screen on 1/19/15 was positive for barbiturates, benzodiazepines and opiates. As of the PR2 dated 3/11/15, the injured worker reports 60% improvement of pain following cervical laminectomy on 11/25/14. Objective findings include decreased range of motion and a positive Spurling maneuver to the right. The treating physician requested acupuncture x 10 sessions for the cervical spine, ten trigger point injections for the cervical spine, a toxicology screening, Valium 10mg #60 x 2 refills, Soma 350 #30 x 1 refill, Imitrex 100mg #9 x 1 refill, Fioricet 50/325/40mg #210 x 1 refill, Medrol Pak 4mg #1 and Zofran 4mg #30 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten acupuncture sessions for the cervical spine: Upheld
Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 10 treatments is greater than the number recommended for a trial to determine efficacy. The original reviewer modified the request to 8 sessions. Ten acupuncture sessions for the cervical spine is not medically necessary.

Ten trigger point injections for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS lists the following criteria for the use of Trigger point injections: 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, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004) The patient does not meet the above criteria set forth by the MTUS. Ten trigger point injections for the cervical spine are not medically necessary.

Toxicology screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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. Toxicology screening is not medically necessary.

Valium 10mg #60 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Valium 10mg #60 with two refills is not medically necessary.

Soma 350mg #30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #30 with one refill is not medically necessary.

Imitrex 100mg #9 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor
response to other agents in that class. Although triptans are recommended in the Official
Disability Guidelines, the medical records do not indicate that the patient's headaches are
migraine in origin, or that migraines are a contributor to the occupational injury. A previous
utilization review decision provided the patient with sufficient quantity of medication to be
weaned slowly. Imitrex 100mg #9 with one refill is not medically necessary.

**Fioricet 50/325/40mg #210 with one refill**: Upheld

**Claims Administrator guideline**: The Claims Administrator did not cite any medical evidence
for its decision.

**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),
Barbiturate-containing analgesic agents (BCAs).

**Decision rationale**: The Official Disability Guidelines do not recommended Fioricet for chronic
pain. The potential for drug dependence is high and no evidence exists to show a clinically
important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents.
Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of
medication overuse as well as rebound headache. A previous utilization review decision
provided the patient with sufficient quantity of medication to be weaned slowly. Fioricet
50/325/40mg #210 with one refill is not medically necessary.

**Medrol Pak 4mg #1**: Upheld

**Claims Administrator guideline**: The Claims Administrator did not cite any medical evidence
for its decision.

**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),
Oral Corticosteroids.

**Decision rationale**: The Official Disability Guidelines do not recommended oral corticosteroids
for chronic pain. There are no quality studies specific to the knee. Multiple severe adverse effects
have been associated with systemic steroid use. And Medrol (methylprednisolone) tablets are not
approved by the FDA for pain. Medrol Pak 4mg #1 is not medically necessary.

**Zofran 4mg #30 with two refills**: Upheld

**Claims Administrator guideline**: The Claims Administrator did not cite any medical evidence
for its decision.

**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),
Ondansetron (Zofran).
**Decision rationale:** There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to headache. The original reviewer modified the request to exclude all refills. Zofran 4mg #30 with two refills is not medically necessary.