

Case Number:	CM15-0098530		
Date Assigned:	05/29/2015	Date of Injury:	03/22/2002
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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 53 year old male, who sustained an industrial injury on 03/22/2002. He reported injuring his left back and left shoulder when heavy boxes fell on him while performing his typical job duties. The injured worker is currently diagnosed as having lumbar post-laminectomy syndrome, status post L4-5 and L5-S1 anterior posterior interbody fusion with subsequent removal of posterior fusion hardware, left shoulder internal derangement status post open rotator cuff repair, bilateral lower extremity radiculopathy, sexual dysfunction, reactionary depression/anxiety, medication induced gastritis, large left abdominal wall transverse scar, left ilioinguinal nerve and genitofemoral nerve entrapment, and lumbar spinal cord stimulator implant. Treatment and diagnostics to date has included spinal cord stimulator, shoulder surgery, lumbar surgeries, cervical spine MRI which showed disc protrusions, lumbar spine MRI showed interbody fusion with disc protrusion, left shoulder MRI showed impingement with tendinitis, electromyography of the upper extremities showed left C5 and C7 radiculopathy, and electromyography of the lower extremities showed left L4-5 radiculopathy, physical therapy, Transcutaneous Electrical Nerve Stimulation Unit, nerve block, and medications. In a progress note dated 04/13/2015, the injured worker presented with complaints of ongoing left sided incisional neuroma pain and low back pain with radicular symptoms to both lower extremities. Objective findings include an antalgic gait, decreased left shoulder and lumbar spine range of motion. The treating physician reported requesting authorization for retrospective trigger point injections and Suboxone. It is noted that when the Suboxone is combined with Anaprox as an analgesic, it provides 30-40% relief and allows the injured worker to function throughout the day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injections x 4 for DOS 4/13/15: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Trigger Point Injections.

Decision rationale: The patient presents on 04/13/15 with left-sided incision neuroma pain, lower back pain which radiates into the bilateral lower extremities, and neck pain. The patient's pain is rated 6/10 with medications, 9/10 without medications. The patient's date of injury is 03/22/02. Patient is status post L4-5 and L5-S1 anterior posterior interbody fusion and subsequent removal of posterior fusion hardware at a date unspecified, status post left rotator cuff repair at a date unspecified, and status post spinal cord stimulator implantation and subsequent removal on 04/21/15. The request is for RETRO TRIGGER POINT INJECTIONS X4 PERFORMED ON 04/13/15. The RFA is dated 04/13/15. Physical examination dated 04/13/15 reveals tenderness to palpation of the lumbar paraspinal muscles with trigger points, spasms, and taut bands noted. Neurological examination reveals globally reduced motor strength in the lower extremities, and decreased sensation to pinprick on the medial/lateral calf on the right, and straight leg raise is noted positive bilaterally (60 degrees on the right, 45 degrees on the left). The left shoulder is noted to have markedly decreased range of motion in all planes. In addition, the provider documents a 18 inch transverse scar in the lower abdomen which bulges out mildly in the whole left side of the abdomen. The patient is currently prescribed Suboxone, Anaprox, Prilosec, Prozac, Xanax, Ambien, and Lisinopril. Diagnostic imaging included cervical MRI dated 11/01/11, significant findings include: "3-4mm midline disc protrusion at C3-4 and C6-7." Diagnostic lumbar MRI dated 11/01/11 was also provided, significant findings include: "interbody fusion at L4-5 and L5-S1 with 3-4mm midline disc protrusion at L5-S1... There is bony hypertrophy on the facet joints." Patient is currently classified as permanent and stationary. ODG Pain chapter, under Trigger Point Injections, has the following: "Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality...Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of 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..." In regard to the retrospective request for trigger

point injections to the cervical spine, the request is appropriate. Progress note dated 04/13/15 discusses the performance of these injections, noting the presence of palpable circumscribed trigger points with discrete focal tenderness, and referred pain. The provider also indicates that these symptoms have persisted for greater than three months. Given the appropriate documentation of ODG examination criteria for such injections, the medical necessity is substantiated. The request is medically necessary.

Suboxone 2mg/0.05mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Buprenorphine for opioid dependence.

Decision rationale: The patient presents on 04/13/15 with left-sided incision neuroma pain, lower back pain which radiates into the bilateral lower extremities, and neck pain. The patient's pain is rated 6/10 with medications, 9/10 without medications. The patient's date of injury is 03/22/02. Patient is status post L4-5 and L5-S1 anterior posterior interbody fusion and subsequent removal of posterior fusion hardware at a date unspecified, status post left rotator cuff repair at a date unspecified, and status post spinal cord stimulator implantation and subsequent removal on 04/21/15. The request is for SUBOXONE 2MG/0.05MG #60. The RFA is dated 04/13/15. Physical examination dated 04/13/15 reveals tenderness to palpation of the lumbar paraspinal muscles with trigger points, spasms, and taut bands noted. Neurological examination reveals globally reduced motor strength in the lower extremities, and decreased sensation to pinprick on the medial/lateral calf on the right, and straight leg raise is noted positive bilaterally (60 degrees on the right, 45 degrees on the left). The left shoulder is noted to have markedly decreased range of motion in all planes. In addition, the provider documents a 18 inch transverse scar in the lower abdomen which bulges out mildly in the whole left side of the abdomen. The patient is currently prescribed Suboxone, Anaprox, Prilosec, Prozac, Xanax, Ambien, and Lisinopril. Diagnostic imaging included cervical MRI dated 11/01/11, significant findings include: "3-4mm midline disc protrusion at C3-4 and C6-7." Diagnostic lumbar MRI dated 11/01/11 was also provided, significant findings include: "interbody fusion at L4-5 and L5-S1 with 3-4mm midline disc protrusion at L5-S1... There is bony hypertrophy on the facet joints." Patient is currently classified as permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." For Buprenorphine, MTUS pages 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. ODG-TWC, Pain (Chronic) Chapter states: "Buprenorphine for opioid dependence: Recommended for selected patients for treatment of opioid dependence... Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse,

or with comorbid dependency and chronic pain." "Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neurotic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." In regard to the continuation of Suboxone, the request is appropriate. Progress note dated 04/13/15 includes documentation of analgesia from 9/10 to 6/10 attributed to medications, and provides activity-specific functional improvements; namely the ability to perform chores around the house and the ability to get out of the house to attend appointments. There is also consistent discussion of a lack of aberrant behavior in the documentation provided. The reason for this medication's denial stems from an anomalous urine drug screen performed point of care on 04/13/15, which was negative for all opiates including Suboxone. The provider addresses this, and states that gas chromatography confirmation is pending. The comprehensive toxicology report was provided, and included quantitative confirmation of Suboxone presence in this patient's urine sample. Therefore, it appears that the immunoassay screening was in error. Given the documented analgesia, functional benefits, consistent urine drug screening, and stated lack of aberrant behavior; continuation of this medication is substantiated. The request is medically necessary.