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| Case Number: | CM15-0098569 | | |
| Date Assigned: | 05/29/2015 | Date of Injury: | 01/08/2003 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 05/19/2015 |
| 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 was a 55-year-old female, who sustained an industrial injury, January 8, 2003. The injured worker previously received the following treatments lumbar spine MRI, Percocet, Amitiza, Tegaderm, Ambien, Dexilant, Levothyroxine, Risperidone, Losartan, Fentanyl, Neurontin, Topamax, Hydroxyzine, Robaxin, lumbar spine MRI, trigger point injection, L3-L4 and L5-S1 facet disease and C5-C6 herniation with right radiculopathy and random toxicology laboratory studies negative for any unexpected findings. The injured worker was diagnosed with L4-L5 posterolateral fusion with insertion of the segmental pedicle screws, chronic cervicgia, chronic cephalgia, left upper extremity radiculopathy, chronic lumbalgia, and discogenic low back pain, right lower extremity radiculopathy and status post hardware removal. According to progress note of March 17, 2015, the injured workers chief complaint was cervical spine pain. The described increased pain with bending forward in the neck, left shoulder and left upper extremity. The Topamax prescription remain denies and the injured worker's pain level was a 10 out of 10 in intensity, but was reduced to a 6-8 out of 10 with current medications. The physical exam noted limited range of motion of the lumbar spine was significantly limited secondary to pain especially with extension and rotation. There was tenderness with palpation over the paraspinal muscles in the lumbar region. There were palpable spasms in the shoulder girdle, cervical spine and upper thoracic spine. The treatment plan included prescription for Fentanyl Patches and Trigger point injections to the left levator scapula and right lumbosacral junction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr patch #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal, Criteria for use of Opioids Page(s): 93, 76-78, 88-89.

Decision rationale: The patient presents with neck, shoulder, left upper extremity, upper back, low back, hips and right lower extremity. The physician is requesting Fentanyl 50 mcg/hr patch #15. The RFA dated 04/14/2015 shows a requesting for Fentanyl 50 mcg/hr patch #15. The patient is temporarily totally disabled. MTUS Guidelines page 93 regarding fentanyl transdermal states, "indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. The pain cannot be managed by other means (e.g., NSAIDs)". 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. Medical records show that the patient was prescribed Fentanyl prior to 07/28/2015. Per the 04/14/15 report, the patient notes, "that with the relief the medication provides, she is able to maintain her current level of function and can tolerate activity much easier." Relief from Fentanyl lasts 2 days. The patient's pain without medications is 10/10 and with medications 7-9/10. Her lowest pain level was 4/10 and highest is 8/10. Without medication, the patient is limited to walking 1 block, sitting for 30 minutes, standing for 15 minutes. She cannot sleep or perform small chores, prepare meals, garden, play guitar, grooming, shaving her legs, grocery shop or wrist/type. With medications, she is able to walk for 2 hours with mild pain, sit for 2 hours, stand for 30 minutes and sleep for 8 hours with Ambien. Her CURES report was consistent. She denies any side effects. There are no aberrant drug behavior issues and she uses the medications as prescribed. The UDS from 02/17/015 show consistent results. Given the adequate documentation of all four A's and the outcome measures as required by MTUS, the request is medically necessary.

Trigger point injections to the left levator scapula and the right lumbosacral junction: Upheld

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

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

Decision rationale: The patient presents with neck, shoulder, left upper extremity, upper back, low back, hips and right lower extremity. The physician is requesting trigger point injections to the left levator scapula and the right lumbosacral junction. The RFA dated 04/14/2015 does not show this request. The patient is temporarily totally disabled. The MTUS, Trigger point injections, Page 122 has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. MTUS also states, "Not recommended for radicular pain." Also, "Not recommended for typical back pain or neck pain." Criteria for use of Trigger point injections include the following: "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." The 09/10/2014 report shows that the patient was given trigger point injections into the right side of the lumbar spine region. She noted immediate reduction of pain following the procedure. Another trigger point injection was performed on 10/07/2014 for which the patient reported immediate improvement of her symptoms. A third trigger point injection was given on 10/22/2015 for which she noted reduced pain immediately following the procedure. Per the 04/14/2015 report, range of motion of the lumbar spine is significantly limited secondary to pain. Tenderness to palpation was noted over the paraspinal muscles of the lumbar region bilaterally. There are palpable spasms in the shoulder girdle, cervical spine and upper thoracic spine. In this case, the MTUS guidelines require documentation of greater than 50% pain relief and functional improvement for six weeks following an injection to support repeat injections. The reports provided for review show no documentation of the amount of pain relief or functional improvement. Therefore, the request is not medically necessary.