

<b>Case Number:</b>	CM15-0098690		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Pennsylvania

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:

The injured worker is a 48-year-old female who sustained an industrial injury on April 20, 2013. She has reported back pain and has been diagnosed with intractable severe chronic back pain, failed back surgery syndrome, lumbosacral radiculitis, recurrent disc herniation at L3-4, and severe chronic pain syndrome with features of complex regional pain syndrome, fibromyalgia, and depression. Treatment and evaluation has included medication, lumbar spine surgeries with L4-5 laminectomy and fusion in 2013, radiographic imaging, treatment by a psychologist, and use of a brace. Reports in 2014 and 2015 describe ongoing severe back pain limiting her activities and near-bedridden status. A progress note from September 2014 discusses prior trigger point injections that decreased pain from a level of 10 to a level of 6 for only about two hours, the duration of the anesthetic. Soma, Percocet, ambien, and nucynta have been prescribed since September 2014. Work status in February 2015 was noted as off work permanently/permanent disability. At a visit on 3/19/15, the injured worker complains of pain rated 6/10 in severity with medications and 7/10 without medications. Limitations in many activities of daily living were reported. The physician documented that the injured worker is a candidate for an intrathecal pump. A partially illegible preoperative history and physical on 4/15/15 notes plan for epidural steroid injection, sympathetic blocks, and trigger point injections. Medications in April 2015 were listed as nucynta, Cymbalta, Percocet, soma, and ambien. A urine drug screen on 4/15/15 was positive for marijuana. This finding was not addressed. A prior urine drug screen on 1/19/15 was noted. A controlled substance agreement was noted to have been signed in April 2012 and on 4/15/15. On 4/22/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Sympathetic blocks, L2 bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks p. 39-40. Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, and lumbar sympathetic block p. 103-104 Page(s): 39-40, 103-104.

**Decision rationale:** The MTUS states that sympathetic blocks have a limited role for complex regional pain syndrome (CRPS), primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Regarding lumbar sympathetic blocks, the MTUS states that there is limited evidence to support this procedure. Indications include circulatory insufficiency of the leg, and pain from herpes zoster and post-herpetic neuralgia, frostbite, complex regional pain syndrome, and phantom pain. Sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. Significant complications including segmental nerve injury and paralysis may occur. It is advised not to block at L4 to avoid the complication of genitofemoral neuralgia. This injured worker has chronic back pain. The physician documented that there were features of CRPS, but specific criteria for CRPS were not described. There was no documentation of any of the other diagnoses for which sympathetic blocks are indicated. There was no documentation of current participation in a physical therapy program, although there had been requests for physical therapy. Due to lack of definitive diagnosis of CRPS and lack of any other diagnosis for which sympathetic blocks are indicated, and lack of current participation in physical therapy, the request for sympathetic blocks, L2 bilateral is not medically necessary.

### **Paraspinal muscle scar tissue 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:** This request is for trigger point injection. The MTUS states that trigger point injections are recommended only for myofascial pain syndrome in order to maintain function when myofascial trigger points are present on examination. Trigger point injections are not recommended for radicular pain or for typical back pain or neck pain, and have not been proven effective for fibromyalgia syndrome. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Specific criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms which have persisted for more than three months, medical management therapies have failed to control pain, radiculopathy is not present, no more than 3-4 injections per session, no repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional

improvement, frequency should not be at an interval less than two months, and injections other than local anesthetic with or without steroid are not recommended. This injured worker has chronic back pain with diagnosis of lumbosacral radiculitis and features of fibromyalgia, for which trigger point injections are not indicated. There were no physical examination findings documented which meet the definition of a trigger point. Due to lack of specific indication, the request for paraspinal muscle scar tissue trigger point injection is not medically necessary.

**Nucynta 250mg, 1 by mouth 2 times a day, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-94.

**Decision rationale:** This injured worker has chronic back pain. Nucynta has been prescribed for at least seven months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, and work status was noted as off work permanently/permanent disability. An opioid contract was discussed. A urine drug screen in April 2015 was positive for marijuana. This finding was not addressed. Concurrent use of alcohol or other illicit drugs is considered adverse behavior. Immediate discontinuation of opioids has been suggested for use of illicit drugs and/or alcohol. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Ongoing significant activity limitation was described. Specific improvement in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, nucynta does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Percocet 10/325mg, 1-2 every 4 hours (maximum 6 tablets per day), #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications; Percocet (oxycodone & acetaminophen); Opioids, specific drug list - Oxycodone/acetaminophen (Percocet; generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-94.

**Decision rationale:** This injured worker has chronic back pain. Percocet has been prescribed for at least seven months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional

goals were discussed, and work status was noted as off work permanently/permanent disability. An opioid contract was discussed. A urine drug screen in April 2015 was positive for marijuana. This finding was not addressed. Concurrent use of alcohol or other illicit drugs is considered adverse behavior. Immediate discontinuation of opioids has been suggested for use of illicit drugs and/or alcohol. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Ongoing significant activity limitation was described. Specific improvement in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, percocet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Soma 350mg, 1 by mouth 3 times a day, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma) p. 29, muscle relaxants p. 63-66 Page(s): 29, 63-66.

**Decision rationale:** This injured worker has chronic back pain. Soma has been prescribed for at least seven months. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long-term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months and the quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Ongoing severe pain was described. Work status is noted as permanently disabled, continued significant limitations in activities were described, there has been no documentation of decrease in medication use, and office visits have continued at the same monthly frequency. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. Due to length of use in excess of the guideline recommendations, use for chronic pain which is not recommended by the guidelines, and lack of functional improvement, the request for soma is not medically necessary.

**Ambien 10mg, 1 by mouth every night at bedtime, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem (Ambien).

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

chapter: insomnia treatment, Ambien.

**Decision rationale:** Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. This injured worker has been prescribed opioids (nucynta and percocet) for at least 7 months. A urine drug screen in January 2015 was noted, and a urine drug screen in April 2015 was submitted. Urine drug screens were collected on the dates of office visits, not at random as recommended by the guidelines. The April 2015 urine drug screen was positive for marijuana; this finding was not addressed. There was no documentation of risk stratification for addiction/aberrant behavior, which is necessary to determine frequency of testing. The associated opioids have been determined to be not medically necessary. As such, the request for drug screen, other than chromatographic, 1 time per month for 12 months is not medically necessary.

**Drug screen, other than chromatographic, 1 time per month for 12 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

**Decision rationale:** Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. This injured worker has been prescribed opioids (nucynta and percocet) for at least 7 months. A urine drug screen in January 2015 was

noted, and a urine drug screen in April 2015 was submitted. Urine drug screens were collected on the dates of office visits, not at random as recommended by the guidelines. The April 2015 urine drug screen was positive for marijuana; this finding was not addressed. There was no documentation of risk stratification for addiction/aberrant behavior, which is necessary to determine frequency of testing. The associated opioids have been determined to be not medically necessary. As such, the request for drug screen, other than chromatographic, 1 time per month for 12 months is not medically necessary.