

<b>Case Number:</b>	CM13-0008713		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old male who reported an injury on 03/16/2009. The patient was diagnosed with continued left foot causalgia secondary to osteomyelitis, left calcaneus, and surgery. Also, residual scar pain from spinal cord stimulator implant surgery right posterior iliac crest. The patient complained of lower back pain and left foot pain. The physical examination revealed a scar on the os calcis. He still had a positive Tinel's sign, but it is not as painful as a year ago. The range of motion of the foot and ankle remains unchanged for dorsiflexion, plantar flexion, inversion, and eversion are still 50% of normal. There was no atrophy, no discoloration, and no arrhythmia. Deep tendon reflexes were bilaterally equal and hypoactive for the knee and ankles. Exam was normal again for the right and for the left. Light touch was painful on the medial aspect of the foot, proximal to the incision site of the calcaneus. Motor testing was 5/5 for the lower extremities, including extensor hallucis at the hip, sitting on the table. Straight leg raising was bilaterally negative. Lumbar motion was actually quite normal, with full flexion, full extension, and full lateral bending; however, lateral bending to the right, as well as flexion, is accompanied by complaints of discomfort. There was a well-healed incision from the previous surgeries, including the stimulator. There was discomfort distal to the incision site, over the right posterior iliac crest where the spinal cord stimulator was last seen. There was a mildly positive Tinel's sign in this area, and tapping there replicates a good deal of his pain. Patrick's, Schober's, and sciatic stretch test were all negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review does not meet the guideline recommendations. California Medical Treatment utilization schedule (MTUS) does recommend trigger point injections for treatment of chronic low back pain or neck pain with myofascial pain syndrome with documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months, and conservative treatment has failed to control pain. The patient complained of low back pain and foot pain. However, no objective clinical documentation was submitted for review indicating whether or not the patient participated in physical therapy, continued functional deficits, the efficacy of medication, or if the patient has tried Nonsteroidal anti-inflammatory drugs, (NSAIDs) and/or muscle relaxants. The clinical information also lacked objective documentation of a circumscribed trigger point with evidence of a twitch response. Given the lack of documentation to support guideline criteria, the request is non-certified.

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**Prescription of Hytrin 1mg #30:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review does not meet the guideline recommendations. California Medical Treatment utilization schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) does not address this request. Official Disability Guidelines indicates that this medication is for hypertension. The clinical documentation submitted for review does not support a medical necessity of an anti-hypertensive at this time. The clinical documentation does not indicate that the patient has hypertension, or that the patient's hypertension would be related to the work injury. Given the lack of documentation to support guideline criteria, the request is non-certified.