

Case Number:	CM13-0013233		
Date Assigned:	09/25/2013	Date of Injury:	02/27/2001
Decision Date:	05/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

This is a patient with a date of injury of 2/27/01. A utilization review determination dated 8/12/13 recommends non-certification of Norco, Fexmid, Prilosec, and 4 trigger point injections. OxyContin was certified. A 7/9/13 progress report notes continued low back pain radiating down both lower extremities rated 7/10. Surgery has been considered, but the patient remains reluctant. Ankle pain left greater than right. She has been stable on her current medical regimen for the most part. She did not receive OxyContin over the last 6 months as she was receiving an alternative analgesic medication as part of a medical study. This medication, which was blinded, did not work as well as OxyContin. On exam, the patient moves slowly and has an antalgic gait. There is spinal tenderness and decreased ROM. Numerous trigger points were palpable and tender throughout the lumbar paraspinal muscles. SLR is positive bilaterally about 60 degrees and caused radicular symptoms. There was decreased sensation along the posterolateral thighs and posterolateral calves bilaterally in approximately the L5 and S1 distributions. Treatment plan included refills of medications, a spinal cord stimulator trial since the patient does not wish to undergo surgery, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 of 127.

Decision rationale: Regarding the request for Norco, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding appropriate medication use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no clear indication that the Norco is improving the patient's function or pain (in terms of specific functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding appropriate medication use. Opioids should not be abruptly discontinued; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Norco is not medically necessary.

FEXMID 7.5MG, #60: 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): 63-66 of 127.

Decision rationale: Regarding the request for Fexmid (cyclobenzaprine), CA MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Fexmid is not medically necessary.

PRILOSEC 20MG, #60: 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): 68-69 of 127.

Decision rationale: Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary

to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the requested Prilosec is not medically necessary.

FOUR (4) TRIGGER POINT INJECTIONS: 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 Page(s): 122.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. These are defined as circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. CA MTUS also notes the need for documentation that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain and that radiculopathy is not present. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is no documentation of active participation in stretching, home exercise, etc., and there are both subjective and objective findings of radiculopathy. In light of the above issues, the requested 4 trigger point injections are not medically necessary.