MAXIMUS Federal Services

Case Number:	CM13-0020662		
Date Assigned:	01/24/2014	Date of Injury:	02/27/1992
Decision Date:	03/25/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 02/27/1992. The mechanism of injury was not provided for review. The patient developed chronic low back pain and neck pain. The patient's symptoms have been controlled with medications and trigger point injections. The patient's medications included hydrocodone/acetaminophen, zolpidem, Ambien CR, and Soma. The patient's most recent clinical examination findings included trigger points at the L5 with bilateral sciatic nerve pain with decreased range of motion and normal motor strength and sensory exam. The patient's diagnoses included cervical degenerative disc disease, sciatica, lumbosacral degenerative disc disease, psoriasis, and rheumatoid arthritis. The patient's treatment plan included continuation of medications and additional trigger point injections. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that the continued use of opioids must be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the patient is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does not provide any evidence that the patient is monitored for aberrant behavior. Although the patient has been on this medication for an extended duration, there is no documentation of functional benefit or a quantitative assessment of pain relief to establish efficacy for continued use. Therefore, the request for Norco 10/325 mg #90 with 3 refills is not medically necessary and appropriate.

Retro trigger point injection to L5 region performed 8/21/13: Upheld

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

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 indicate that the patient is receiving trigger point injections for the L5 region on a monthly basis. The MTUS Chronic Pain Guidelines do not recommend repeat injections unless there is documentation of at least 50% pain relief and documented functional benefit. The clinical documentation submitted for review fails to provide a quantitative pain assessment to support the efficacy of prior treatments. Additionally, the MTUS Chronic Pain Guidelines recommend duration of at least 2 months between trigger point injections. As the patient has been receiving injections on a monthly basis, it is noted within the documentation that the patient received a trigger point injection in 07/2013. Therefore, the request for a retrospective trigger point injection is not medically necessary and appropriate.

Soma 350mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS Chronic Pain Guidelines do not support the extended use of muscle relaxants in the management of a patient's chronic pain. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. As the MTUS Chronic Pain Guidelines do not recommend treatment beyond 2 to 3 weeks of this medication, continued use would not be supported. As such, the request for Soma 350mg #90 with 3 refills is not medically necessary and appropriate.