

Case Number:	CM13-0024817		
Date Assigned:	11/20/2013	Date of Injury:	08/23/2008
Decision Date:	01/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal Medicine 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 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 62-year-old female who reported an injury on 08/23/2008 due to cumulative trauma. The patient underwent intervertebral fusion at the C5-6 and C6-7. The patient also underwent a sacroiliac joint block and provided significant relief. The most recent clinical evaluation indicates that the patient has persistent back pain. Objective findings included focal tenderness over the lumbar spine at the left superior iliac spine as well as the sacroiliac joint with a positive Fabere's test. The patient's diagnoses included status post anterior cervical discectomy and fusion at C5 through C7, adjacent level disease early at the C4-5, and probable left sided sacroiliitis. The patient's treatment plan included trigger point injections, a sacroiliac rhizotomy, and continuation with medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines cyclobenzaprine (Flexeril). Page(.).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The requested Flexeril 10 mg #60 is not medically necessary or appropriate. The patient does have continued pain deficits. However, California Medical Treatment Utilization Schedule does not recommend the extended use of Flexeril. California Medical Treatment Utilization Schedule only recommends the use of this medication for short durations. Therefore, a prescription for 60 days of use would not be indicated. As such, the requested Flexeril 10 mg #60 is not medically necessary or appropriate.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, On-going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain deficits. However, California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by an assessment of pain relief, an assessment of increased functional benefit, and assessment of side effects, and evidence of monitoring of the patient for compliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief, side effects, functional benefit, or is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported by guideline recommendations. As such, the requested Norco 10/325 mg #60 is not medically necessary or appropriate.

Sacroiliac Rhizotomy, Qty. 1: 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), Treatment-Integrated Hip and Pelvis Chapter. .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy. .

Decision rationale: The sacroiliac rhizotomy is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent a sacroiliac diagnostic block. The previous block did provide the patient with significant pain relief. However, Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomy as there is no scientific evidence to support the efficacy and safety of this type of treatment. As such, the requested sacroiliac joint radiofrequency neurotomy is not medically necessary or appropriate.

Retrospective Trigger point injection, Qty. 1: 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 requested trigger point injection is not medically necessary or appropriate. The patient does have continued pain deficits. California Medical Treatment Utilization Schedule recommends trigger point injections when there is physical evidence and documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The most recent documentation submitted for review did not include evidence of circumscribed trigger points, a twitch response elicited by palpation. Therefore, trigger point injections would not be indicated at this time. As such, the requested trigger point injections are not medically necessary or appropriate.