

Case Number:	CM13-0029611		
Date Assigned:	11/01/2013	Date of Injury:	12/19/2008
Decision Date:	02/05/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/27/2013

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 and Rehabilitation, and is licensed to practice in Oklahoma and 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 62-year-old female who reported a work-related injury on 12/19/08; she slipped and fell, causing injury to her back. The patient was initially treated with an MRI and physical therapy, but she ultimately developed chronic pain; this was managed with medications. The patient was monitored for aberrant behavior with urine drug screens. She also received several sessions of trigger point injections. Her most recent clinical exam findings revealed that she had greater than 50% improvement in her constant upper and lower back pain secondary to prior trigger point injections. Objective physical findings included restricted range of motion of the thoracic and lumbar spine secondary to pain, multiple myofascial trigger point injections palpated throughout the thoracic and lumbar paraspinal musculature, positive straight leg raising test to 30 degrees on the right and 70 degrees on the left, a positive Lasegue's sign on the right, and decreased sensation to pinprick in the bilateral calves with weakness in the right dorsiflexion. The patient's diagnoses included mild L4-5 radiculopathy, chronic myofascial pain syndrome of the thoracic and lumbar spine, anxiety, and major depressive disorder. The patient's medications included Norco 10/325 mg, Flexeril 10 mg, Xanax 0.5 mg, and Celexa 20 mg. The patient's treatment plan included additional trigger point injections and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Norco 10/325mg, with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78-80.

Decision rationale: The California Medical Treatment and Utilization Schedule states that the ongoing use of opioids in the management of chronic pain should be supported by an assessment of pain relief, documentation of increased functional capabilities, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient received 50% pain relief, relatively no side effects, a 50% increase in activity levels, and a lack of aberrant behavior; however, the request includes one refill of this medication. As the continued use of this medication must be supported by ongoing monitoring of pain relief and functional benefit, a refill of this medication would not allow for timely re-assessment and evaluation of the effectiveness of this medication. Although 120 Norco 10/325mg may be medically appropriate, the request as it is written is not indicated. As such, the request is not medically necessary or appropriate.

60 Xanax 0.5mg, with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The clinical documentation submitted for review evidences that the patient has been on this medication for an extended duration of time; however, the California Medical Treatment and Utilization Schedule recommends benzodiazepines for short courses of treatment. It is recommended that treatment generally be restricted to four weeks. The California Medical Treatment and Utilization Schedule also states that "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." As the patient has been on this medication for an extended duration, and there is no documentation of functional benefits, or symptom responses to support extending treatment beyond guideline recommendations, continued use would not be supported. As such, the request is not medically necessary or appropriate.

20 Flexeril 10mg, with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

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

Decision rationale: The clinical documentation submitted for review evidences that the patient has been on this medication for an extended period of time; however, the California Medical Treatment and Utilization Schedule recommends the use of muscle relaxants for brief courses of treatment. As the clinical documentation indicates the patient has been on this medication for an extended duration of time, and there is no functional benefit or symptom response to support extending treatment beyond guideline recommendations, continued use of this medication would not be indicated. As such, the request is not medically necessary or appropriate.

four trigger point injections: Upheld

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

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

Decision rationale: The clinical documentation submitted for review states that the patient previously received trigger point injections, and the most recent clinical evaluation states that she had 50% pain relief. However, the duration of that pain relief was not specifically addressed. The California Medical Treatment and Utilization Schedule recommends repeat injections be based on 50% pain relief for at least 6 weeks with documented evidence of functional improvement. The clinical documentation submitted for review does not provide any evidence that the patient had any functional improvement as a result of the prior trigger point injections. Therefore, additional trigger point injections would not be indicated. As such, the request is not medically necessary or appropriate.