MAXIMUS Federal Services

Case Number:	CM13-0039054		
Date Assigned:	12/18/2013	Date of Injury:	01/31/2009
Decision Date:	06/04/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/02/2013

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 Anestesiology, has a subspecialty in Pain Management, and is licensed to practice in California Nevada. 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 injured worker is a 64-year-old who is reported to have sustained a trip and fall injury on January 31, 2009. Subsequent diagnosis was noted as tibial plateau fracture. The records indicate the patient has a history of a prior patellar fracture treated non-surgically on 05/2008 with no apparent residuals. An open reduction and internal fixation is reported to have occurred on January 13, 2009. The records reflect a right shoulder subacromial decompression on August 20, 2010. There are chronic complaints of cervical and lumbar pain secondary to multi-level cervical and lumbar degenerative disease. Per the clinical notes the patient has reduced cervical range of motion, increasing cervical pain, cervical facet tenderness, positive right axial compression test, positive straight leg raise bilaterally, and decreased sensation in the right lower extremity. Previous treatments have included; lumbar epidural steroid injections with 60% relief, cervical medial branch blocks, trigger point injections, and aquatic therapy. The patient is largely maintained on oral medications and interventional procedures. The requests are for myofascial trigger point injections to the neck, Butrans Patch 10 mcg, Nucynta 50 mg, and twelve pool therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL TRIGGER POINT INJECTIONS TO THE NECK WITH 10CC BUPIVACAINE: 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 Section Page(s): 122.

Decision rationale: The patient is a 64-year-old with chronic neck pain. According to the Chronic Pain Medical Treatment Guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs) and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. According to the clinical note dated August 20 ,2013 the patient is reported to have cervical trigger points. However, the specific location and documentation of a twitch response in not elucidated in this note. It is further noted that on this date the patient received trigger point injections and the response is documented in subsequent records. The request for Myofascial trigger point injections to the neck with 10cc Bupivacaine is not medically necessary or appropriate.

ONE PRESCRIPTION OF BUTRANS PATCH, 10MCG, THREE COUNT: 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Section Page(s): 74-80.

Decision rationale: The records indicate the patient has a chronic pain syndrome secondary to cervical and lumbar degenerative disease. The records fail to adequately quantify the patient's response to this medication. The record does not contain Visual Analogue Scale (VAS) scores or other data establishing functional improvements. The record does not contain any urine drug screens to establish compliance. The request for one prescription of Butrans patch, 10mcg, three count, is not medically nec essary or appropriate.

ONE PRESCRIPTION OF NUCYNTA, 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Section Page(s): 74-80.

Decision rationale: The records indicate the patient has a chronic pain syndrome secondary to cervical and lumbar degenerative disease. The records fail to adequately quantify the patient's response to this medication. The record does not contain Visual Analogue Scale (VAS) scores or other data establishing functional improvements. The record does not contain any urine drug screens to establish compliance. The request for one prescription of Nucynta, 50mg is not medically necessary or appropriate.

TWELVE POOL THERAPY SESSIONS: 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), Pain Chapter, Aquatic Therapy Section.

Decision rationale: The patient is a 64-year-old who is reported to have sustained work related injuries on Janury 31, 2009. The records indicate the patient has a history of a prior patellar fracture treated non-surgically on May of 2008 with no apparent residuals. The patient is reported to have tripped and fallen on Janury 31, 2009 sustaining a tibial plateau fracture. She is reported to have undergone an open reduction and internal fixation on January 13, 2009. The patient has completed postoperative therapy. The records reflect that the patient has previously undergone aquatic therapy with reported benefit. However, it is unclear as which body parts this request pertains to and there is no indication that the patient requires weightlessness to be able to participate in rehabilitative physical therapy. The request for twelve pool threrapy sessions is not medically necessary or appropriate.