

Case Number:	CM13-0039754		
Date Assigned:	01/03/2014	Date of Injury:	02/27/1992
Decision Date:	03/19/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/08/2013

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, 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 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:

This is a male patient with a date of injury of 2/27/92. A utilization review determination dated 9/4/13 recommends non-certification of 4 trigger point injections. Norco was modified from #120 to #90. A progress report dated 6/4/13 identifies subjective complaints including 7-10/10 pain without medications. He is said to get significant relief with medications, but no pain scores are noted on medication. He ambulates with a walker and rates his depression as 10/10. Objective examination findings identify restricted thoracic and lumbar spine ROM, multiple myofascial trigger points and taut bands, could not perform heel-toe gait due to weakness of the bilateral legs, sensation decreased in the anterior and medial aspect of the bilateral thighs, dorsiflexion and plantar flexion 4/5 in the right and left feet. Diagnoses include moderate right L5 radiculopathy, mild to moderate left L5 radiculopathy, and bilateral S1 radiculopathy; s/p fusion L4-5 and L5-S1 2/3/97; chronic myofascial pain syndrome, thoracolumbar spine; depression and insomnia; upper GI bleed due to NSAIDs-gastritis; s/p spinal cord stimulator 1/24/13. Treatment plan recommends OxyContin, Norco, Robaxin, Ambien, home exercise, aquatic therapy, deep breathing type medication and follow-up in 6 weeks. The provider notes that OxyContin and Norco provide greater than 50% relief of pain and the ability to function is significantly improved with the medication as the patient is able to perform ADLs more than 50% of the time. There is no evidence of abuse, diversion, hoarding, or illicit drug use. A report dated 7/1/13 from the provider doing the SCS programming notes that the patient would like to cut back on his pain medications, but often develops significant withdrawal symptoms. He takes OxyContin 20 mg twice a day and Norco for breakthrough pain, 4-5 tablets a day. The provider recommended inpatient detoxification. He also noted palpable trigger points with a taut band of muscle and a local twitch response. Trigger point injection was performed and the patient noted greater than 50% pain relief and increased ROM a few minutes later. An appeal letter dated

10/8/13 notes that the patient has intractable pain in the thoracic spine without radicular symptoms, trigger points and taut bands, and is getting greater than 50% improvement in upper back pain with 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 #120: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for Norco, the previous utilization review modified the request from #120 to #90. California MTUS Chronic Pain Medical Treatment Guidelines note that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes that the patient gets significant relief with medications, but pain scores are noted to be 7-10/10 without medication and no comparative pain scores with medication are noted other than a mention of 50% relief with Norco. Additionally, the patient is also utilizing a long-acting opioid and, if used correctly, it is unclear how pain scores without medication could be obtained. The patient is also said to get significant functional improvement with ADLs from Norco, but he is also noted to be utilizing a walker for ambulation and no specific examples of improved ADLs are noted. The notes indicate that the patient is taking 4-5 Norco tablets a day, well above the 2-3 tablets that would be expected should a patient be utilizing long-acting opioids in addition to this short-acting opioid when pain is well controlled. Finally, another provider has noted that the patient wished to cut back on medication use and recommended detoxification. Given all of the above, ongoing use of Norco is not indicated. However, opioids should not be abruptly discontinued. 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.

Four (4) trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26 and 122..

Decision rationale: Regarding the request for 4 trigger point injections, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of repeat trigger point injections provided that

radiculopathy is not present and 50% pain relief is obtained for six weeks after injection along with functional improvement. Frequency should not be at an interval less than two months. Within the documentation available for review, the provider states that there are no radicular symptoms, but the medical reports identify decreased sensation in the anterior and medial aspect of the bilateral thighs along with 4/5 weakness with dorsiflexion and plantar flexion bilaterally. Diagnoses are noted to include bilateral L5 and S1 radiculopathy. The provider notes that there is greater than 50% improvement with trigger point injections, but functional improvement has not been clearly documented. Furthermore, it appears that the patient has historically been receiving trigger point injections more often than every two months and there is no clear documentation that appropriate relief lasts for at least six weeks. In light of the above issues, the requested trigger point injections are not medically necessary.