

Case Number:	CM13-0040451		
Date Assigned:	12/20/2013	Date of Injury:	08/14/2000
Decision Date:	05/15/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 expert 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 58-year-old male who reported an injury on 08/14/2000. The mechanism of injury was not provided for review. The injured worker ultimately underwent lumbar fusion with revision. The injured worker's treatment history also included trigger point injections, activity modifications, epidural steroid injections, facet medial branch blocks of the cervical spine, and multiple medications. The injured worker's chronic pain was also managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 05/15/2013. It was documented that the injured worker had previously been given a trigger point injection in 04/2013. This evaluation noted that the injured worker received pain relief for approximately 2 to 3 weeks due to the previous trigger point injection. The injured worker was again evaluated in 06/2013. It was documented that the injured worker should continue his home exercise program. The injured worker was seen on 08/07/2013. It was documented that he received a trigger point injection as a part of his chronic treatment plan. It was also recommended that the injured worker continue medication usage as prescribed. The injured worker was evaluated on 09/18/2013. It was documented that the injured worker had 8/10 pain without medication, that was reduced to 4/10 to 5/10 with medications. Physical findings included limited range of motion of the lumbar spine with spasming to palpation, motor strength weakness rated at a 4/5 on the right lower extremity with a positive straight leg raising test to the right and decreased sensation in the right L4-5 and L5-S1 dermatomal distributions. It was noted that the injured worker had trigger points on the right side of the lumbar spine. The injured worker's diagnoses included status post lumbar fusion with subsequent revision, breakdown at the L3-4 above the fusion, and chronic neuropathic pains. The injured worker's treatment plan included continuation of medications to include Motrin 800 mg,

Norco 20/325 mg, Prilosec 20 mg, Klonopin 1 mg, and Neurontin 600 mg. It was also indicated that the injured worker should continue his home exercise program and undergo a trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800MG, ONE TWO TIMES A DAY (BID), NO QTY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 AND 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested Motrin 800 mg, 1 two times a day twice a day, no quantity, is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs as treatment for chronic pain. However, the California Medical Treatment Utilization Schedule recommends that any medication used in the management of chronic pain be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review does indicate that the injured worker had pain relief from medication usage. However, the clinical documentation fails to provide any functional benefit related to the injured worker's medication schedule. Therefore, continued use would not be supported. Also, the request as it is submitted does not include a quantity. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Motrin 800 mg 1 two times a day, twice day, no quantity, is not medically necessary or appropriate.

NORCO 10/325MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested Norco 10/325 mg #240 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule states that ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit. Evidence of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been monitored for aberrant behavior with urine drug screens. The clinical documentation also provides evidence of pain relief as a result of the injured worker's medication schedule. However, as the injured worker has been on this medication for at least a year, functional benefit should be clearly evidence within the documentation. There is no evidence of functional benefit related to medication usage. Therefore, continued use would not be supported. As such, the requested Norco 10/325 mg #240 is not medically necessary or appropriate.

TRIGGER INJECTION X1 USING 1CC CELESTONE AND 2CC MARCAINE TO THE RIGHT LUMBAR SPINE: 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 requested trigger point injection x1 using 1 cc Celestone and 2 cc Marcaine to the right lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends additional trigger point injections for injured workers who have evidence of pain relief and function benefit from prior injections. The clinical documentation submitted for review does not provide any evidence that the injured worker receives adequate pain relief and an increase in functionality as a result of the previous injections. Additionally, it is noted within the documentation that the injured worker underwent a trigger point injection in 08/2013. The California Medical Treatment Utilization Schedule does not recommend trigger point injections within 2 months of each other. Therefore, it would be too soon to administer an additional trigger point injection. As such, the requested trigger point injection x1 using 1 cc Celestone and 2 cc Marcaine to the right lumbar spine are not medically necessary or appropriate.

SCREENING URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The requested screening urinalysis is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends drug testing for injured workers who have symptoms that provide suspicion of illicit drug use or that require random monitoring due to chronic opioid usage. The clinical documentation submitted for review does indicate that the injured worker is on opioids in the management of chronic pain. However, there is no documentation of drug seeking or aberrant behavior to support the need for a urine drug screen. As such, the requested urinalysis screening is not medically necessary or appropriate.