

<b>Case Number:</b>	CM13-0043202		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/09/2002
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 and Rehabilitation and is licensed to practice in 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 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 patient is a 58-year-old female who reported an injury on 04/09/2002 after a trip and fall. The patient reportedly sustained an injury to her low back. The patient's treatment history included physical therapy, epidural steroid injections, and multiple medications. The patient was evaluated on 11/12/2013 and it was documented that the patient's medication schedule included Alprazolam 1 mg, Amlodipine 5 mg, Flonase, ibuprofen, Lexapro, and Lidoderm patch, Omeprazole, Opana ER, Provigil, and Trazodone. The patient's physical examination findings documented that the patient had 4 palpable trigger points with significant tenderness in the bilateral gluteal medius muscles. It was noted that the patient previously had radiating pain that was resolved with an epidural steroid injection on 08/26/2013. The patient had pain rated at 8/10 in the low back. It was noted that the patient's medication intake allowed for functional maintenance especially with activities of daily living. The patient's diagnoses included lumbar disc degeneration and myofascial pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION FOR LEFT GLUTEUS MEDIUS MUSCLE.:** 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 for the left gluteus medius muscle is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients that have palpable trigger points and are participating in an active therapy program in the absence of radiating pain are appropriate candidates for trigger point injections. The clinical documentation submitted for review does indicate that the patient has 4 palpable trigger points in the gluteus medial muscles that are interfering with her ability to sleep and participate in activities of daily living. It is noted that the patient previously had radiating pain. However, the patient's most recent evaluation documents that that radiating pain has been resolved due to an epidural steroid injection. Therefore, the patient's primary pain generator could be the trigger points in the gluteus medial muscle. As the patient has 4 identified trigger points and is participating in an active therapy program, trigger point injections would be appropriate for this patient. However, California Medical Treatment Utilization Schedule only recommends up to 4 trigger point injections in any given series. The request as it is written does not specifically identify the number of injections would be administered to this patient. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested trigger point injections for the left gluteus medius muscle is not medically necessary or appropriate.

**TRIGGER POINT INJECTION FOR RIGHT GLUTEUS MEDIUS MUSCLE.:** 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 for the right gluteus medius muscle is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients that have palpable trigger points and are participating in an active therapy program in the absence of radiating pain are appropriate candidates for trigger point injections. The clinical documentation submitted for review does indicate that the patient has 4 palpable trigger points in the gluteus medial muscles that are interfering with her ability to sleep and participate in activities of daily living. It is noted that the patient previously had radiating pain. However, the patient's most recent evaluation documents that that radiating pain has been resolved due to an epidural steroid injection. Therefore, the patient's primary pain generator could be the trigger points in the gluteus medial muscle. As the patient has 4 identified trigger points and is participating in an active therapy program, trigger point injections would be appropriate for this patient. However, California Medical Treatment Utilization Schedule only recommends up to 4 trigger point injections in any given series. The request as it is written does not specifically identify the number of injections would be administered to this patient. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested trigger point injections for the right gluteus medius muscle is not medically necessary or appropriate.

**OPANA ER 10MG TABLETS #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 80 and 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The requested Opana ER 10 mg tablets #120 are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by documentation of functional benefit, assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 12/2012. However, the clinical documentation fails to provide any evidence of a quantitative assessment of pain relief. Additionally, there is no evidence that the patient is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. As such, the requested Opana ER 10 mg tablets #120 are not medically necessary or appropriate.

**OXYCODONE 5MG TABLETS #240.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 80 and 115.

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

**Decision rationale:** The requested Oxycodone 5 mg tablets #240 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by documentation of functional benefit, assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 12/2012. However, the clinical documentation fails to provide any evidence of a quantitative assessment of pain relief. Additionally, there is no evidence that the patient is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. As such, the requested Oxycodone 5 mg tablets #240 is not medically necessary or appropriate.

**LIDODERM 5% PATCHES #60.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 And 111.

**Decision rationale:** The requested Lidoderm 5% patches #60 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of Lidoderm patches in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends ongoing use of this type of medication is supported by documentation of functional benefit and an assessment of pain relief. The clinical documentation does indicate that the patient has been on this medication since at least 10/2012. It is noted that the patient has had the ability to maintain function. However, there is no documentation of pain relief or objective functional improvement to support continued use of this medication. As such, the requested Lidoderm 5% patches #60 is not medically necessary or appropriate.

**PROVIGIL 200MG TABLETS #30: 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).

**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.

**Decision rationale:** The requested Provigil 200 mg tablets #30 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this medication. Official Disability Guidelines do not recommend the use of Provigil solely to counteract narcotic sedation. The clinical documentation submitted for review does not provide any evidence that the patient is diagnosed with a sleep disorder, narcolepsy, or participates in shift work that would cause excessive daytime sleepiness. Therefore, continued use of this medication is not supported. As such, the requested Provigil 200 mg tablets #30 are not medically necessary or appropriate.