

Case Number:	CM13-0045845		
Date Assigned:	04/02/2014	Date of Injury:	02/02/2007
Decision Date:	04/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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, 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 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:

This is a patient with a date of injury of 2/2/07. A utilization review determination dated 11/5/13 recommends non-certification of trigger point injections, Fexmid, and a urine screen. 10/30/13 medical report identifies acute muscle spasms in the bilateral LS paraspinal muscles, trigger point injections completed 4 months prior with over 50% relief and a flare-up with painful trigger points in the bilateral paraspinal muscles that were well circumscribed with the classic twitch response when the ultrasound guided needle was inserted for these injections. The provider's rationale for the urine drug screen was that the patient has a long history of chronic pain and has used narcotic medications in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS WITH ULTRASOUND X 4 FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF TRIGGER POINT INJECTIONS.

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

Decision rationale: Within the documentation available for review, there are no physical examination findings consistent with trigger points, although the provider noted that previous injections did cause the classic twitch response when the needle was inserted. While the provider did note 50% relief for an unspecified amount of time, there was no clear indication of reduction in medication use and objective functional improvement for at least 6 weeks as a result of previous trigger point injections. In the absence of such documentation, the requested Trigger Point Injections with Ultrasound x 4 for the Lumbar Spine are not medically necessary.

FEXMID (FLEXERIL) 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of prior use of cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The current prescription is for longer than the 2-3 weeks recommended by the CA MTUS and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested Fexmid is not medically necessary.

URINE SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 3RD EDITION, (2011), PAGE 935, VOL. 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-79, 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER URINE DRUG TESTING

Decision rationale: Within the documentation available for review, the patient is not currently utilizing opioids or other drugs of potential abuse. The documentation does not identify a desire to utilize these medications in the near future and there is no current risk stratification and a clear rationale for the use of urine drug screening in a patient only because of a history of prior opioid medication use without any noted diversion, abuse, aberrant behavior, etc. In light of the above issues, the currently requested urine drug screen is not medically necessary.