

Case Number:	CM13-0046955		
Date Assigned:	12/27/2013	Date of Injury:	11/11/2012
Decision Date:	04/30/2014	UR Denial Date:	10/05/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 patient is a 36-year-old male who reported an injury on 11/11/2012. The mechanism of injury of injury involved repetitive work activity. The patient is currently diagnosed with lumbar disc herniation, facet arthritis in the lumbar region, and low back pain. The patient was recently seen by [REDACTED] on 09/18/2103. The patient reported 6/10 pain with medications. The patient reported improvement with massage therapy, physical therapy, injections and medications. Physical examination on that date revealed 5/5 bilateral lower extremity strength, intact sensation, 2+ deep tendon reflexes, tenderness over the paraspinal muscles, trigger point tenderness over T10-11 bilaterally, and positive straight leg raising on the left. Treatment recommendations at that time included trigger point injections and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER 100MG #60: 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), web edition, Pain: Tapentadol (Nucynta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Tapentadol (Nucynta®).

Decision rationale: The Official Disability Guidelines indicate that Nucynta is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Therefore, the employee does not meet criteria for the requested medication, as there is no evidence of intolerable adverse effects with first-line opioid medications. As such, the request is non-certified.

NUCYNTA IR 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Tapentadol (Nucynta®).

Decision rationale: The Official Disability Guidelines indicate that Nucynta IR is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Therefore, the employee does not meet criteria for the requested medication, as there is no evidence of intolerable adverse effects with first-line opioid medications. As such, the request is non-certified.

CYCLOBENZAPRINE 7.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines indicate that muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. While the employee did demonstrate palpable trigger points, the MTUS Guidelines do not recommend long-term use of this medication. Therefore, the request is not medically appropriate. As such, the request is non-certified.

NAPROXEN SODIUM 550MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: The MTUS Guidelines indicate that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. There is no evidence of long-term effectiveness for pain or function. According to the documentation submitted, the employee has utilized naproxen 550 mg since at least 08/2013. The employee continues to report 6/10 pain with medication. The employee's physical examination continues to reveal painful range of motion, positive straight leg raising, trigger point tenderness, and tenderness over the paraspinals. There is no evidence of a satisfactory response to treatment. Therefore, the request is non-certified.

UROLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. According to the documentation submitted, the employee does not report any urologic symptoms. The employee does not maintain a diagnosis of a urologic disorder. The medical necessity has not been established. Therefore, the request is non-certified.

MASSAGE THERAPY FOR THE LOW BACK (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back Massage Therapy Page(s): 60.

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

Decision rationale: The MTUS Guidelines indicate that massage therapy is recommended as an option, and should be used as an adjunct to other recommended treatment. Massage therapy should be limited to 4 to 6 visits in most cases. According to the documentation submitted, the employee has participated in massage therapy. Although the employee reported an improvement in symptoms, there is no documentation of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

TRIGGER POINT INJECTIONS (4CC OF LIDOCAINE) PROVIDED ON 9/18/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines indicate that trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. According to the documentation submitted, the employee has previously received trigger point injections. However, there was no evidence of greater than 50% pain relief for 6 weeks following the initial series of injections. Therefore, ongoing treatment cannot be determined as medically appropriate. There was also no evidence of circumscribed trigger points with a twitch response as well as referred pain. Based on the clinical information received, the request is non-certified.