

<b>Case Number:</b>	CM13-0050985		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, and posttraumatic headaches reportedly associated with an industrial injury of January 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; trigger point injection therapy; a collar; prior cervical fusion surgery; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 1, 2013, the claims administrator denied a request for trigger point injection, denied an interferential stimulator, and certified electrodiagnostic testing of the left upper extremity and left lower extremity. A 120 tablet partial certification of Norco was issued. The attending provider apparently sought Norco in unspecified amounts. The applicant's attorney later appealed, it is further noted. However, no clinical progress notes were attached to the request for authorization. No applicant specific rationale was attached to the application for independent medical review (IMR). In its utilization review report of November 4, 2013, the claims administrator did note that the applicant was on Norco, Elavil, Fioricet, and Nuvigil. The applicant was having issues with anger and frustration. The applicant is now alleging hearing loss. The applicant is having posttraumatic headaches. Trigger point injections have only resulted in temporary pain relief. The applicant is off of work, on total temporary disability, and has apparently had a trial of an interferential stimulator, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that the applicant meets the aforementioned criteria based on the admittedly limited information on file. The applicant has failed to return to work. The applicant has been deemed permanently disabled, the claims administrator reported. The fact that the applicant is using multiple different analgesic and adjuvant medications, including Norco, Elavil, Fioricet, and Nuvigil implies that Norco monotherapy has been unsuccessful. Again, no clinical progress notes or applicant specific rationale were attached to the application for independent medical review so as to offset the claims administrator's utilization review report. Therefore, the request remains non-certified.

**trigger point injections for 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, no repeat injections should be performed unless there is documented evidence of functional improvement following completion of the same. In this case, the claims administrator has suggested that the applicant has had prior trigger point injection therapy in the past. There is, however, no evidence of functional improvement following completion of the same so as to justify repeat injections. The applicant remains off of work and has been deemed permanently disabled, it has been suggested. The applicant remains highly reliant on various forms of medical treatment, including medications, injections, etc. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of trigger point injection. Accordingly, the request remains non-certified.

**IF stimulator permanent:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**Decision rationale:** As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, an interferential stimulator purchase can be endorsed in those applicants who have completed a prior successful one-month trial of the same. In this case, however, there is no evidence that the applicant has had a prior successful interferential stimulator trial. There is no evidence that the applicant has effected appropriate analgesia, improved performance of activities of daily living, and/or diminished medication consumption as a result of a prior successful trial of an interferential stimulator. Therefore, the request for a purchase of the interferential stimulator device is not certified.