

Case Number:	CM13-0053363		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2002
Decision Date:	03/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation 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:

This 52 year-old male sustained an injury on 10/18/02 while employed by [REDACTED]. Requests under consideration include 1 trigger point injection in the PSIS area between 10/31/13 and 1/4/14, 1 prescription of Oxycontin ER 30mg between 10/31/13 and 1/4/14. Report of 10/31/13 from [REDACTED] noted the patient with persistent moderate to severe low back pain radiating to his left arm, left calf, left foot, left thigh, and right thigh. Current medications included Oxycontin, Oxycodone HCL, Ambien, Cymbalta, Lyrica, Testim and Hydrochlorothiazide. With medications, the pain is 4/10, without is 10/10. Exam showed slightly hypertonic lumbar paraspinal with moderate spasm; TTP of lumbar paraspinals, PSIS and SI joints; lumbar range was painful and reduced; antalgic gait; painful bilateral SI joints; painful left buttock, unable to heel or toe walk. Diagnoses included thoracic and lumbosacral radiculopathy; myalgia and myositis; low back pain; chronic pain due to trauma; sacroiliitis and failed back surgery syndrome of lumbar spine. Requests were non-certified on 11/7/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) trigger injection in the PSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This 52 year-old male sustained an injury on 10/18/02 while employed by [REDACTED]. Requests under consideration include 1 trigger point injections in the PSIS area between 10/31/13 and 1/4/14, 1 prescription of Oxycontin ER 30mg between 10/31/13 and 1/4/14. Report of 10/31/13 from noted the patient with persistent moderate to severe low back pain radiating to his left arm, left calf, left foot, left thigh, and right thigh. Current medications included Oxycontin, Oxycodone HCL, Ambien, Cymbalta, Lyrica, Testim and Hydrochlorothiazide. With medications, the pain is 4/10, without is 10/10. Exam showed slightly hypertonic lumbar paraspinal with moderate spasm; TTP of lumbar paraspinals, PSIS and SI joints; lumbar range was painful and reduced; antalgic gait; painful bilateral SI joints; painful left buttock, unable to heel or toe walk. Diagnoses included thoracic and lumbosacral radiculopathy; myalgia and myositis; low back pain; chronic pain due to trauma; sacroiliitis and failed back surgery syndrome of lumbar spine. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified radicular signs with radiculopathy diagnoses which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The 1 trigger point injection in the PSIS area between 10/31/13 and 1/4/14 is not medically necessary and appropriate.

Oxycontin ER 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: This 52 year-old male sustained an injury on 10/18/02 while employed by [REDACTED]. Requests under consideration include 1 trigger point injection in the PSIS area between 10/31/13 and 1/4/14, 1 prescription of Oxycontin ER 30mg between 10/31/13 and 1/4/14. Report of 10/31/13 from noted the patient with persistent moderate to severe low back pain radiating to his left arm, left calf, left foot, left thigh, and right thigh. Current medications included Oxycontin, Oxycodone HCL, Ambien, Cymbalta, Lyrica, Testim and Hydrochlorothiazide. With medications, the pain is 4/10, without is 10/10. Exam showed slightly hypertonic lumbar paraspinal with moderate spasm; TTP of lumbar paraspinals, PSIS and SI joints; lumbar range was painful and reduced; antalgic gait; painful bilateral SI joints; painful left buttock, unable to heel or toe walk. Diagnoses included thoracic and lumbosacral radiculopathy; myalgia and myositis; low back pain; chronic pain due to trauma; sacroiliitis and failed back surgery syndrome of lumbar spine. Per the MTUS Guidelines cited, opioid use in the

setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 1 prescription of Oxycontin ER 30mg between 10/31/13 and 1/4/14 is not medically necessary and appropriate.