

<b>Case Number:</b>	CM13-0055717		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 injured worker is a 57 year old male who was injured on 07/25/2006. He underwent posterior L4-5 and L5-S1 fusion in 7/2009. Low back and mental/depression are the accepted issues. Medication regimen includes Lisinopril, Protonix, Valium, Oxycontin 40mg ER, and Roxycodone 30 mg. According to the 11/01/2013 supplemental pain management progress report, the patient was seen for lower back pain rated 7/10. According to the patient's wife, he had apparently overdosed on Valium. She managed him at home, he had hidden medication, which she had found and removed. Objective examination revealed he was disoriented, mood and affect showed apathy; he was in no acute distress. He had no apparent loss of coordination. Lumbar examination revealed pain with palpation of left sided facets L3-S1, mild tenderness, palpable twitch positive trigger points in the lumbar paraspinal muscles, 60 degrees flexion, and 10 degrees extension with pain. The provider will only provide pain medication prescription for 2 weeks, and the wife will continue to monitor and dispense medications. Pulse oxygen level is 99% in room air. Treatment plan included medication refill for 2 weeks as evidence of abuse and impairment was seen, continue medications as prescribed, request for referral to inpatient drug, and trigger point injections administered. The patient was seen for pain management follow-up on 11/15/2013, for lower back pain rated 8/10. According to the 12/10/2013 internal medicine progress report, he is being treated for chronic low back pain and depression. Examination reveals pain on palpation of L3-S1 facets, normal gait, pain on 20 degrees flexion and 10 degrees extension. Medications were refilled for 2 weeks, trigger point injections were done.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A REFERRAL TO AN INPATIENT DRUG REHABILITATION PROGRAM (30 DAYS):**

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:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Weaning, scheduled medications (general guidelines).

**Decision rationale:** According to the CA MTUS and ODG, detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) Refractory Comorbid Psychiatric Illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The medical records do not establish this patient requires placement in an inpatient drug rehabilitation program. There is no indication the patient has repeatedly failed to follow his physician directed medication management and failed attempts at weaning/tapering of medications; therefore this request is not medically necessary.

**TRIGGER POINT INJECTIONS (3) PERFORMED ON 11/1/13: 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 Trigger point injections Page(s): 122.

**Decision rationale:** The patient was administered 3 trigger point injections on 11/1/2013. According to the CA MTUS guidelines, the criteria for trigger point injections include: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months. The medical records do not establish the injured worker has met the required criteria to support medical necessity of trigger point injections; therefore, this request is not medically necessary.

