

Case Number:	CM13-0057583		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2011
Decision Date:	03/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Interventional Spine 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 is a 61 year-old male who was injured on 1/28/11. According to the 10/8/13 report from [REDACTED], the patient presents with severe low back pain and severe muscle spasm. He had electrodiagnostic studies showing right cubital tunnel syndrome. His diagnoses include: RUE pain likely cubital tunnel syndrome; lumbar sprain/strain with L5/S1 4-mm left paracentral disc protrusion and mild left foraminal and recess stenosis; lumbar radiculopathy; persistent headache; epigastric pain consistent with GERD; history of rectal bleeding possible related to hemorrhoid secondary to constipation caused by medications; abdominal pain consistent with IBS aggravated by anxiety and medications; severe depression and anxiety. [REDACTED] recommended a trial of Ambien 10mg #30 for insomnia due to pain. TPI x4 were requested for the trigger points identified in the lower back with positive twitch response and prior TPI helped relieve pain by 60% for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection x 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) criteria for the use of Trigger Point Injections.

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

Decision rationale: The patient presents with severe low back pain and spasms. The physician identified 4 lumbar trigger points with positive twitch response. He reports the patient had TPI in the past with over 50% relief for 6 weeks. Records show he has not had TPI in an interval less than 2-months. The physician states on exam there is no radiation into the lower extremities. The physician states he is requesting 4 injections. The request appears to be in accordance with the MTUS criteria for trigger point injections.

Ambien 10mg, #30: 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem.

Decision rationale: The 10/8/13 report states the patient presents with severe low back pain and has difficulty sleeping due to pain. The physician requested a trial of Ambien for 30 days. ODG guidelines states " Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia" The request for trial of Ambien for approximately 4-weeks is in accordance with ODG guidelines.

Lidoderm 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch) Page(s): 56-57.

Decision rationale: The patient presents with severe back pain and spasm. The physician notes there is also electrodiagnostic evidence of right cubital tunnel syndrome. The patient has neuropathic pain. The records show the patient has tried gabapentin. MTUS for Lidoderm patches states: "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The patient appears to have met the MTUS criteria for Lidoderm patches.