

Case Number:	CM13-0066598		
Date Assigned:	01/03/2014	Date of Injury:	03/15/1996
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 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 65-year-old male who reported injury on 03/15/1996. The mechanism of injury was noted to be the patient was installing a battery indicator to a standup forklift and was uninformed that the brakes were not working properly and the patient was crushed between a forklift and a wall injuring his pelvis, left flank, lower back, and right knee. The patient had multiple crush injuries and was off work. The documentation of 09/16/2013 revealed the patient had a history of medication induced gastritis and would avoid all NSAIDS. The patient was to be trialed on Norco 10/325. The patient's medication history regarding Prilosec could not be established. The Fexmid was for short-term use was helping the patient with muscle spasms especially after the aqua therapy and at night. The objective physical examination revealed the patient had numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles and tenderness to palpation bilaterally with increased muscle rigidity. The sensory examination to Wartenberg pinprick wheel was decreased along the L5 distribution on the right when compared to the left. The diagnoses were noted to include lumbar Myoligamentous injury with bilateral lower extremities radicular symptoms, right knee internal derangement status post arthroscopic surgery with eventual right knee total knee replacement 05/18/2011, medication induced gastritis and status post crush injury of the pelvis. It was indicated the patient had myofascial pain which medication management therapies including ongoing stretching exercises, physical therapy, NSAIDS, and muscle relaxants had failed to control. The patient had palpable trigger points which produced a local twitch response. The request was for medication refills, including Prilosec, Norco and Anaprox and for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fexmid 7.5mg #60: Upheld

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

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

Decision rationale: California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to establish the duration of care with the Fexmid. However, per the physician documentation, the medication was effective at helping the patient decrease the muscle spasms after aqua therapy and at night. As such, the medication was proven to be used for an extended duration of time and there was a lack of documentation of objective functional improvement. Given the above, the request for Fexmid 7.5 mg #60 is not medically necessary.

1 prescription of Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the patient had a history of medication induced gastritis. There was lack of documentation indicating the efficacy of the requested medication or that the patient had signs or symptoms of gastritis. Given the above, the request for 1 prescription of Prilosec 20 mg #60 is not medically necessary.

4 Trigger Point Injections of Bupivacaine 0.25% 10cc: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121,122.

Decision rationale: California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation

of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the patient had palpable trigger points with discrete focal tenderness with a local twitch response; however, there was a lack of documentation of referred pain. The patient had radiculopathy upon examination. Given the above and the lack of documentation of exceptional factors to warrant no adherence to guideline recommendations, the request for 4 trigger point injections of Bupivacaine 0.25% 10 cc is not medically necessary.