

Case Number:	CM14-0001946		
Date Assigned:	05/07/2014	Date of Injury:	04/06/1989
Decision Date:	07/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 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 patient is a 53 year old male who has submitted a claim for myalgia and myositis, neck sprain, and lumbar sprain associated with an industrial injury date of April 6, 1989. Medical records from 2013-2014 were reviewed, the latest of which dated April 2, 2014 revealed that the patient's constant and intractable neck, upper and lower back pain has been well controlled with his current medications with greater than 80% pain relief. He has constant pain in both of his shoulders. He continues to use a cane for ambulation. He remains depressed and anxious; he rates his depression as 2/10. He states that his current pain and discomfort is moderately impacting his general activity and enjoyment of life, as well as his ability to interact with other people and is mildly impacting his ability to concentrate. He has some problems sleeping. He is not currently working. On physical examination, the range of motion of the cervical spine were slightly restricted in all planes while the range of motion of the thoracic and lumbar spine were slightly to moderately restricted in all planes on today's examination. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as the gluteal musculature. There were several surgical scars noted to the left leg. Sensation to fine touch and pinprick was decreased in the left L5 and S1 dermatomes. The patient is not able to perform heel-toe gait due to pain. Treatment to date has included trigger point injections, aqua therapy, home exercise program, and medications which include Duragesic, Percocet, Soma, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS 11/13/13) FOR TRIGGER POINT INJECTIONS X 4 OF 1ML 0.25% BUPIVACAINE TO THORACIC MUSCLES: 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: According to page 122 of the MTUS Chronic Pain Guidelines, criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. In this case, trigger point injections were prescribed for the myofascial pain syndrome with trigger points. In the most recent clinical evaluation, physical examination findings point to radiculopathy in the same region. The medical necessity for trigger point injections was not established. Therefore, the request is not medically necessary.

AMBIEN 10MG, 1 TABLET BY MOUTH AT BEDTIME #30 WITH 5 REFILLS: 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), Treatment Index, 11th Edition (web), Pain- Zolpidem (Ambien), and the Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Zolpidem.

Decision rationale: The ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, Ambien has been used since May 2013. The most recent clinical evaluation reveals that the patient complains of difficulty; however, there is no physical examination or diagnostic finding that support the diagnosis of insomnia. Also, the use of Ambien is beyond guideline recommendation of 2-6 weeks. Therefore, the request is not medically necessary.

SOMA 350MG, 1 TABLET BY MOUTH 4 TIMES A DAY #120 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 29, 65.

Decision rationale: According to pages 29 & 65 of the MTUS Chronic Pain Guidelines, carisoprodol (Soma) is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Soma has been used since May 2013. The most recent clinical evaluation reveals that the patient experiences constant and intractable neck, upper and lower back pain. There is greater than 80% pain relief with medications. On physical examination, there were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as the gluteal musculature. There are subjective and objective findings that warrant further treatment with Soma. However, continued use of carisoprodol will exceed guideline recommendation. Therefore, the request is not medically necessary.