

Case Number:	CM14-0003394		
Date Assigned:	01/31/2014	Date of Injury:	01/22/2002
Decision Date:	06/20/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & 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 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 55 year old male who reported an injury on 01/22/2010. The mechanism of injury was not stated. The injured worker reportedly sustained an injury to the bilateral wrist and hands and cervical spine. The injured worker was evaluated on 12/11/2013. It was documented that the injured worker had 9/10 pain and had previously had 50% pain relief from trigger point injections. It was also documented that the injured worker previously participated in acupuncture sessions that provided significant pain reduction. The injured worker's medications included OxyContin 4 mg, Norco 10/325 mg, Neurontin 600 mg, Ambien 10 mg, Protonix 40 mg, Benazepril twice a day, Cymbalta 60 mg, and Fiorinal 2 to 3 every day. It was noted that the injured worker had an increase in pain due to a recent increase in activity. The injured worker's diagnoses included C5-6 and C6-7 anterior fusion with hardware removal, bilateral upper extremity radiculopathy, bilateral carpal tunnel release, refractory depression and anxiety, medication induced gastritis, right wrist ganglion cyst, and spinal cord stimulator implantation of the cervical spine. Physical findings in the cervical spine included multiple trigger point injections of the posterior cervical musculature, significant muscle guarding of the bilateral cervical paraspinal musculature, and decreased range of motion in all planes secondary to pain. The injured worker's treatment plan included additional trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG QTY:90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 80-81

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

Decision rationale: The MTUS Chronic Pain Guidelines recommends the ongoing use of opioids be supported by ongoing documentation of functional benefit, quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has functional benefits from medication usage and is monitored for aberrant behavior. However, a quantitative assessment of pain relief was not provided. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary and appropriate.

NORCO 10/325MG QTY:300.00 (RETROSPECTIVE12/11/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 80-81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommends the ongoing use of opioids be supported by ongoing documentation of functional benefit, quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has functional benefit from medication usage and is monitored for aberrant behavior. However, a quantitative assessment of pain relief was not provided. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg quantity 300 (retrospective 12/11/2013) is not medically necessary or appropriate.

ACUPUNCTURE QTY:12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines recommends continued acupuncture be based on documentation of functional benefit and symptom response. The clinical documentation submitted for review does indicate that the injured worker has previously participated in

acupuncture. However, significant functional benefits and pain reduction resulting from that treatment were not provided. Additionally, the request as it is submitted does not clearly identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such the request is not medically necessary and appropriate.

**TRIGGER POINT INJECTIONS 10CC OF 0.25% BUPIVACAINE QTY:4.00
(RETROSPECTIVE 12/11/2013): Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS, 122

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

Decision rationale: MTUS Chronic Pain Guidelines states that trigger point injections should not be administered at intervals less than 2 months. The clinical documentation submitted for review does indicate that the injured worker previously received trigger point injections on 11/15/2013. Therefore, additional trigger point injections on 12/11/2013 would not be supported. There are no exceptional factors noted within the documentation to support extended treatment beyond guideline recommendations. As such, the request is not medically necessary and appropriate.