

Case Number:	CM14-0004129		
Date Assigned:	02/05/2014	Date of Injury:	07/21/2005
Decision Date:	07/16/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 07/21/2015. The mechanism of injury was not provided for review. The worker's diagnoses included cervical post-laminectomy syndrome, brachial neuritis or radiculitis, status post cervical fusion, depression, chronic pain, lupus, cervical myelomalacia, and bilateral trochanteric bursitis. The injured worker's chronic pain was managed with multiple medications to include Percocet 10/325 mg, Nucynta ER 250 mg, Baclofen 20 mg, and Wellbutrin XL 150 mg. The injured worker was monitored for aberrant behavior with urine drug screens and regular CURES reporting. The injured worker was evaluated on 11/12/2013. Objective physical findings included tenderness of the paraspinous musculature with restricted range of motion of the cervical spine. The patient had tenderness to palpation of the trochanteric bursa. No evidence of radicular symptoms. It was noted that the patient had failed to respond to Percocet and required the addition of Nucynta. The patient was evaluated on 12/10/2013. It was documented that the patient continued to have complaints of the cervical spine. Physical findings included spinal vertebral tenderness at the L4 through the S1 and cervical paraspinous muscle spasms noted on palpation with no evidence of radiculopathy. It was noted that the patient had failed to respond to conservative treatments and had persistent trigger points identified on physical examination. Trigger point injections in 2 muscle groups were administered. Additionally, the patient's treatment plan included a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 20 MG (#60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

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

Decision rationale: The requested Baclofen 20 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatment, not to exceed 2 to 3 weeks, for acute exacerbations of chronic pain. The clinical documentation submitted for review does not clearly identify that the patient has an acute exacerbation of chronic pain. Additionally, the clinical documentation indicates that the patient has been on this medication since at least 10/2013. This exceeds the California Medical Treatment Utilization Schedule's recommendations. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Baclofen 20 mg #60 is not medically necessary or appropriate.

NUCYNTA ER 250 MG (#60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Nucynta ER 250 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior with urine drug screens and CURES reporting; however, the clinical documentation does not provide an adequate assessment of pain relief or documented functional improvement related to the use of medications. Furthermore, the request does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for Nucynta ER 250 mg #60 is not medically necessary or appropriate.

TWO TRIGGER POINT INJECTIONS WITH 3CC 0.25% BUPIVACAINE AND 12 MG DEPO-MEDROL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

Decision rationale: The requested trigger point injections quantity 2 to the right neck and shoulder are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends trigger point injections be repeated when there is documented pain relief and functional improvement of at least 50% for 4 weeks. The clinical documentation submitted for review does indicate that the injured worker underwent trigger point injections in two muscle groups in 10/2013. However, the efficacy of those injections was not addressed. Therefore, the need for continued injections cannot be supported. As such, the requested trigger point injections quantity 2 with 3 ml of 0.25 Bupivacaine and 12 mg of Depo-Medrol to the right neck and shoulder are not medically necessary or appropriate.