

Case Number:	CM14-0004964		
Date Assigned:	01/24/2014	Date of Injury:	07/21/2006
Decision Date:	06/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 and 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:

This 52 year-old female LVN sustained a lifting injury on 7/21/06 while employed by the [REDACTED]. Request(s) under consideration include Retrospective Request for Dilaudid 4mg # 60 WITH 1 refill DOS:12/4/13, acupuncture x 12 visits, and retrospective request for Trigger Point Injections Performed to RT Levator Scapula and Rhomboid DOS:12/4/13. Conservative care has included medications, physical therapy, psychiatric visits, acupuncture, trigger point injections, and modified activity. Medications list Cymbalta, Neurontin, Xanax, Vistaril, Dilaudid, and Ambien. MRI of the lumbar spine dated 1/11/13 showed spondylosis of L3-S1 discs and 3 mmg broad-based disc protrusion at L4-5 without neural foraminal or canal stenosis. Report of 10/9/13 from the provider noted improvement with previous injections and wants them repeated. Trigger point injections was administered in right thoracic and lumbar paraspinal musculature. Medications were dispensed including Biofreeze, Dilaudid, Lidoderm patches, and Ultram ER 200 mg and 50 mg. Report of 12/4/13 from the provider noted patient with complaints of right shoulder pain radiating into shoulder blade and neck. Exam noted 5'4" 160 pounds, trigger point injections performed at right levator scapula and rhomboid with treatment plan for Dilaudid with refill. Request(s) for Retrospective Request for Dilaudid 4mg # 60 WITH 1 refill DOS:12/4/13, acupuncture x 12 visits, and retrospective request for Trigger Point Injections Performed to RT Levator Scapula and Rhomboid DOS:12/4/13 was non-certified on 12/17/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DILAUDID 4MG # 60 WITH 1 REFILL

DOS:12/4/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Retrospective Request for Dilaudid 4mg # 60 with 1 Refill DOS:12/4/13 is not medically necessary and appropriate.

ACUPUNCTURE X 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Request(s) Acupuncture was modified for 2 visits on 12/17/13. The patient has chronic neck and shoulder pain. Treatment plan noted continuation of medications, home exercise program and acupuncture. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received multiple prior sessions of acupuncture with most recent 2 sessions for this 2006 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture X 12 visits is not medically necessary and appropriate.

TRIGGER POINT INJECTIONS PERFORMED TO RT LEVATOR SCAPULA AND RHOMBOID DOS:12/4/13: 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), Criteria for the use of Trigger Point Injections.

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

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger Point Injections Performed to RT Levator Scapula and Rhomboid is not medically necessary and appropriate.