

<b>Case Number:</b>	CM14-0105123		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/15/2001
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Nevada. 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 58-year-old male who was reportedly injured on November 15, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 9, 2014, indicated that there were ongoing complaints of low back and thoracic spine pains. The physical examination demonstrated a well-developed, well-nourished, 5'11", 215 pound individual who presented wearing a soft lumbar corset. A slow but normal gait pattern was described. The injured employee was able to complete a deep knee bend. A slight loss of lumbar lordosis was reported. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy, rest and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on June 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** When considering the date of injury, the injury sustained, the finding on the most recent physical examination and by the parameters outlined in the California Medical Treatment Utilization Schedule, the medical necessity for this medication has not been established. As noted in the California Medical Treatment Utilization Schedule,, this is a short acting opioid indicated for the management of moderate to severe breakthrough pain. The clinical indication is a constant every 4 hour use of this tablet. The physical examination notes no clinical indication of increased functionality or improvement in symptomatology as a function of this medication. Therefore, there is no noted efficacy identified. Given that there is a chronic pain situation, there needs to be some assessment of functional improvement with the regimen offered. Seeing none, there is no medical necessity established.

**Baclofen 10mg #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64 of 127.

**Decision rationale:** The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also noted that the efficacy diminishes over time. Therefore, when noting that there is no objectification of a spinal cord injury or spasticity related to muscle spasm, there is no functional benefit with the use of this medication. Consequently, there is no medical necessity objectified to support the continued use of this preparation.

**Trigger point injections - 1 trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, trigger point injections are indicated for myofascial pain syndrome. There needs to be circumscribed trigger points with evidence upon palpation of a twitch response. The physical examination, reported, does not objectify that particular pathology. As such, based on the parameters outlined the California Medical Treatment Utilization Schedule, and by the physical examination (the only suggested multiple myofascial trigger points), there is insufficient clinical evidence to support any medical necessity for this injection protocol.