

Case Number:	CM14-0109700		
Date Assigned:	08/01/2014	Date of Injury:	08/07/2009
Decision Date:	09/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Interventional Spine 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 51-year-old male with date of injury of 08/07/2009. The listed diagnoses per [REDACTED] dated 05/20/2014 are: 1. Lumbar myoligamentous injury with bilateral lower extremity radiculopathy, right greater than left. 2. Bilateral knee meniscus tear, right greater than left, status post right arthroscopy from 2011. 3. Cervical myoligamentous injury. 4. Status post arthroscopic injury per [REDACTED] dated 07/09/2012. 5. Medication-induced gastritis. 6. High blood pressure. According to this report, the patient is still feeling the effects following his recent lumbar epidural steroid injection on 03/21/2014. It is still providing at least 70% pain relief to his lower back and lower extremities with notable improvement in mobility and active tolerance. The patient does have an unequivocally positive discogram at L4-L5 and L5-S1 with a negative control at L3-L4. He was unable to cut back on the amount of Norco he takes on a daily basis due to the pain in his neck with associated cervicogenic headaches as well as radicular symptoms to the right upper extremity, radiating down to his fingers. The patient currently rates his neck pain 8/10. The patient did undergo a series of 2 cervical epidural steroid injections in 2010. He is currently on Norco 10/325 which enables him to function on a daily basis. The patient continues to rely on Anaprox-DS 550 mg which has also been beneficial since he has been experiencing less GI discomfort while on Prilosec. The objective findings show there is tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and suboccipital region. There are multiple trigger points and taut bands palpated throughout. Cervical spine range of motion is diminished. Sensory examination to Wartenberg pinprick wheel is decreased in the right posterolateral arm, and medial forearm. The utilization review denied the request on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 On-Going Management; Opioids, long-term assessment Page(s): 78; 88-89.

Decision rationale: This patient presents with low back, neck, and bilateral knee pain. The treating physician is requesting Norco 10/325 mg. The MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 8 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior), as well as "pain assessment" or outcome measures that includes current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient has been taking Norco since 01/06/2014. The treating physician documents medication efficacy stating, "He is currently on Norco 10/325 mg, 4 to 5 tablets a day, which enables him to function on a daily basis." The treating physician also mentions that the patient is routinely monitored for "at-risk" behavior with random urine drug screens and has a signed opiate agreement contract. Although the treater states that Norco enables the patient to function, there is no pain scales, specific functional improvements, and no discussions regarding "pain assessments" as required by MTUS. Given the lack of sufficient documentation warranting long term opiate use, this request is not medically necessary.

Doral 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with low back, neck, bilateral knee pain. Treating physician is requesting trigger point injections: 10 cc of bupivacaine to the cervical and lumbar spine. The MTUS guidelines page 122 under its chronic pain section states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including: documentation of trigger points; symptoms persist more than 3 months; medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. The records show that the patient had trigger point injections on 04/30/2014 and 05/28/2014. The treater notes that the patient reported good pain relief of

greater than 50% and an increased range of motion a few minutes later. In this case, while the treater reports 50% pain relief, the duration of relief was not clearly documented. MTUS requires at least 6 weeks of pain relief for repeat injections. Given the above the request is not medically necessary.

Trigger point injections 10cc of Bupivacaine to the cervical and lumbar (quantity 4):
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: This patient presents with low back, neck, bilateral knee pain. Treater is requesting trigger point injections: 10 cc of bupivacaine to the cervical and lumbar spine. The MTUS guidelines page 122 under its chronic pain section states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including: documentation of trigger points; symptoms persist more than 3 months; medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. The records show that the patient had trigger point injections on 04/30/2014 and 05/28/2014. The treater notes that the patient reported good pain relief of greater than 50% and an increased range of motion a few minutes later. In this case, while the treater reports 50% pain relief, the duration of relief was not clearly documented. MTUS requires at least 6 weeks of pain relief for repeat injections. Recommendation is for denial.