

Case Number:	CM14-0013227		
Date Assigned:	02/24/2014	Date of Injury:	12/25/1990
Decision Date:	07/11/2014	UR Denial Date:	01/25/2014
Priority:	Standard	Application Received:	02/03/2014

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 patient is a 51-year-old male who has filed a claim for lumbago associated with an industrial injury date of December 24, 1990. A review of progress notes indicates low back pain radiating to the left and right buttocks, associated with stiffness. Findings include tenderness and spasm of the lumbar paraspinal musculature. The patient has an antalgic gait. The treatment to date has included opioids, muscle relaxants, Lidoderm patch, and trigger point injections. Utilization review from January 24, 2014 denied the requests for 8 trigger point injections with Lidocaine 2% 0.5mL and Traumeel 0.5mL and surgical tray. There was evidence of a previous modified certification for Vicodin ES 7.5/750mg for #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF VICODIN ES 7.5/750MG, #270:
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 Opioids, Criteria for Use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least August 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. There is also no documentation of periodic urine drug screens to monitor the patient's medication compliance. Therefore, the request for Vicodin ES 7.5/750mg #270 was not medically necessary.

PROSPECTIVE REQUEST FOR 8 TRIGGER POINT INJECTIONS WITH LIDOCAINE 2% 0.5ML AND TRAUMEEL 0.5ML: 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: On page 122 of California MTUS Chronic Pain Medical Treatment Guidelines criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In this case, there is no documentation describing the presence of trigger points, or regarding failure of conservative management strategies. Also, radiculopathy cannot be totally ruled out in this patient. The requested amount of injections exceeds the guideline recommendations. There is also no documentation regarding the quantification of benefit derived from previous injections. Therefore, the request for 8 trigger point injections with Lidocaine 2% 0.5mL and Traumeel 0.5mL was not medically necessary.

PROSPECTIVE REQUEST FOR 1 SURGICAL TRAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.