

Case Number:	CM14-0015386		
Date Assigned:	02/28/2014	Date of Injury:	09/20/2000
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in New York and Texas. 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 Physician 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 63 year old female who sustained an injury on 09/20/00. No specific mechanism of injury was noted. The injured worker was followed for ongoing complaints of chronic pain in the lumbar spine. The injured worker was followed for chronic myofascial pain which responded well to trigger point injections at 60% relief for more than two weeks for up to two weeks. The injured worker was attending the injured worker was utilizing a home exercise program. The injured worker was being followed by [REDACTED] for pain management. Medications included Norco 10/325mg eight to ten tablets daily, Topamax 50mg, Ambien 10mg, Cymbalta 30mg, Lidoderm patches 5%, Dendracin topical analgesic cream, Lyrica 50mg, and OxyContin 20mg three times daily. The injured worker had prior spinal cord stimulator placed which was not effective in managing pain. The injured worker wanted to wean off of opioid medications and was recommended for a detoxification program in October of 2013. The clinical record on 11/21/13 by [REDACTED] noted pain 6/10 on visual analog scale (VAS). The injured worker was requesting further trigger point injections for the lumbar spine. The injured worker had recent reprogramming of the spinal cord stimulator. The injured worker reported an increase in depression and anxiety symptoms and was requesting referral to psychologist. On physical examination there were numerous trigger points throughout the lumbar spine with decreased range of motion. Straight leg raise was positive to the right at 60 degrees reproducing lower right lower extremity symptoms. There was decreased sensation in left L5 and right L5-S1 distribution. Medications were continued at this visit and urine drug screen samples were taken. The injured worker had consistent urine drug screen findings for hydrocodone and fluoxetine. The injured worker was also being followed for ongoing chiropractic therapy. Follow up on 12/19/13 noted minimal benefits from her spinal cord stimulator. There had been requests for a multidisciplinary pain management program. Trigger point injections continued

to be requested. Physical examination findings remained essentially unchanged at this evaluation. Follow up on 01/16/14 the injured worker was noted to have received trigger point injections on the 12/19/13 clinical record. Follow up on 01/16/14 noted that chiropractic therapy in conjunction with massage had been helpful in the chronic myofascial pain. The injured worker also reported that her spinal cord stimulator had been functioning well although there were issues with charging. The injured worker was unable to further wean herself off of Norco due to significant detox significant withdrawal symptoms. The injured worker continually was recommended for a detoxification program. Physical examination findings continued to identify numerous trigger points in the lumbar spine with reduced lumbar range of motion. Medications were continued at this visit. Further trigger point injections were done on this date of service. Follow up on 02/13/14 noted no changes in the overall symptomology. The injured worker reported good response to her spinal cord stimulator. The injured worker was continually unable to wean down further with the use of Norco. Physical examination findings remained unchanged and medications were continued. The requested Ambien 5mg at bedtime retrospective Norco 10/325mg quantity 300 Prilosec 20mg quantity 60 and trigger point injections on 12/19/13 were found to be not medically necessary by utilization review on 02/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG AT BEDTIME: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem

Decision rationale: In regard to the use of Ambien 5mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Ambien to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. The clinical documentation submitted for review does not provide any indications that the use of Ambien had been effective in improving the employee's overall functional condition. As such, this reviewer would not find this request medically necessary.

RETROSPECTIVE REQUEST FOR NORCO 10/325 MG 8 TO 10 TABS A DAY AS DISPENSED 12/19/13 QUANTITY 300.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opiates, Criteria for Use, page(s) Page(s): 88-89.

Decision rationale: In regard to the request for Norco 10/325mg quantity 300 prescribed on 12/19/13, this reviewer would have recommended this medication as medically necessary. The clinical documentation submitted for review clearly indicates that the injured worker has developed opioid dependence. The injured worker has been unable to self-wean from Norco due to substantial withdrawal symptoms. The injured worker continued to require eight to ten tablets of Norco per day in the attempt to prevent further withdrawal symptoms from occurring. The clinical documentation noted continual recommendations for a detoxification program which was never completed. Given the opioid dependence with failure to tolerate any weaning below the current rate of eight to ten tablets per day, this reviewer would have recommended certification for ongoing use of Norco to avoid further withdrawal symptoms. Although the Norco usage is substantial and outside of guideline recommendations, this medication cannot be abruptly discontinued due to the withdrawal symptoms. This reviewer would have recommended continuation of these medications pending a detoxification program. As such this reviewer would find this request medically necessary.

**RETROSPECTIVE REQUEST FOR PRILOSEC 20 MG DISPENSED 12/19/13
QUANTITY 60.00: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In regard to the use of Prilosec 20mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, this reviewer would not find this request medically necessary.

**RETROSPECTIVE REQUEST FOR TRIGGER POINT INJECTIONS DONE ON
12/19/13 QUANTITY 4.00: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Trigger point injections, Page(s): 122.

Decision rationale: In regard to the repeat trigger point injections completed on 12/19/13, the injured worker has been followed for persistent myofascial pain in the lumbar spine. Physical examination findings noted palpable trigger points in the lumbar spine. However previous trigger point injections for this injured worker provided approximately 50-60% relief of symptoms for up to two weeks only. Per guidelines regarding repeat trigger point injections there should be evidence of at least 50% pain relief obtained following injections up to six weeks with documented evidence of functional improvement. Given that the clinical records did not indicate improvement more than 50% up to six weeks and as there was no clear indication of functional improvement obtained with multiple trigger point injections in the past the repeat injections on 12/19/13 would not have been medically appropriate according to the guidelines. As such this reviewer would not find this request medically necessary.

**CHIROPRACTIC MANIPULATION WITH PHYSIOTHERAPY MODALITIES
LUMBAR QUANTITY 8.00: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: In regard to the use of chiropractic therapy with physical modalities for 8 sessions, this reviewer would not have recommended this therapy as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker was recommended to start chiropractic therapy to improve overall strength, endurance, range of motion, and flexibility as well as to help reduce overall pain. There was no specific rationale to support the requested chiropractic therapy over a standard home exercise program, which would be appropriate given the almost 14 year old injury in question. There is no indication that the employee had any sudden flare-up or increase in pain that would support a formal chiropractic therapy regimen over continuation of a home exercise program. As such, this reviewer would not find this request medically necessary.