

Case Number:	CM14-0016090		
Date Assigned:	06/04/2014	Date of Injury:	02/25/2004
Decision Date:	07/24/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/07/2014

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 Illinois. 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 56-year-old male who reported injury on 02/25/2004. The mechanism of injury was not provided. On 12/02/2013, the injured worker presented with left-sided lower back pain. Prior therapy includes epidural steroid injection, spinal cord stimulation, status post medial branch radiofrequency ablation, medial branch blocks, and medications. Current medications include Celebrex, gabapentin, Kadian, hydrocodone, Savella, TriCor, flexeril, Lunesta, Ambien, Lyrica, and ibuprofen. The diagnoses were left-sided lumbar facet dysfunction, lumbar radiculopathy, lumbar stenosis, lumbar neural foraminal stenosis, and piriformis myofascial pain. Upon examination of the lumbar spine, there was a positive facet loading, and positive tenderness to palpation in the left lower lumbar paraspinals. The provider recommended a left piriformis injection with ultrasound guidance, hydrocodone 5/325 mg, morphine sulfate ER 10 mg, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT PIRIFORMIS INJECTION WITH ULTRASOUND GUIDANCE: 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: The request for left piriformis injection with ultrasound guidance is non-certified. California MTUS recommends trigger point injections for myofascial pain syndrome is indicated with limited lasting value. It is not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscles, which produces a local twitch in response to stimulus to the band. Myofascial pain syndrome is a regional pain muscle condition with a direct relationship between a specific trigger point and its associated pain region. It is not recommended for typical back pain or neck pain. The criteria for use for trigger point injection include documentation of use trigger points with evidence upon palpation of a twitch response, as well as referred pain, symptoms have persisted for more than 3 months, medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain, radiculopathy is not present, no more than 3 injections to 4 injections per session, no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after the injection, and frequency should be at an interval of less than 2 months, and trigger point injections with any substance other than local anesthetic with or without steroids are not recommended. The included medical documentation did not indicate a twitch response as well as referred pain. There is no indication that the injured worker has had failure to control pain using medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants. Trigger point injections with any substance other than local anesthetic with or without steroids are not recommended. Additionally, the provider's request for a left piriformis injection does not include the site of the injection or amount of injections being requested. As such, the request is not medically necessary.

HYDROCODONE 5/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for hydrocodone 5/325 mg with a quantity of 90 is non-certified. The California MTUS Guidelines recommend providing ongoing indication on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed hydrocodone since at least 12/2013; the efficacy of the medication was not provided. The provider's request for hydrocodone 5/325 mg did not indicate the frequency of the medication. As such, the request is not medically necessary.

MORPHINE SULFATE ER 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for morphine sulfate ER 10 mg with a quantity of 60 is non-certified. The California MTUS Guidelines recommend providing ongoing indication on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed morphine sulfate ER since at least 12/2013; the efficacy of the medication was not provided. The provider's request for morphine sulfate ER 10 mg did not indicate the frequency of the medication. As such, the request is not medically necessary.