

Case Number:	CM14-0016663		
Date Assigned:	04/11/2014	Date of Injury:	10/14/2009
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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, 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 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 patient is a 53 year old male with an injury date of 10/14/09. Based on the 01/20/14 progress report provided by [REDACTED], the patient presents with the following: 1) postlaminectomy syndrome, lumbar region 2) Lumbosacral spondylosis without myelopathy 3) Low back pain 4) Myalgia and myositis, unspecified [REDACTED] is requesting the following: 1) Trigger point injections 2) Oxycodone- Acetaminophen (Percocet) 10/325 mg #45 3) Zolpidem (Ambien) 10 mg oral tab #30 The utilization review determination being challenged is dated 01/28/14 and recommends denial of the trigger point injections, Oxycodone, and the Zolpidem. [REDACTED] is the requesting provider and provided treatment reports from 05/08/13- 01/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS: 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, , 123

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN , 122

Decision rationale: According to the 01/20/14 progress report by the treating provider, the employee presents with pain in the lower thoracic and lower lumbar areas; the employee also has occasional radiation down to the right leg and top of the right foot and the right #2-4 toes. The employee reports numbness in the right leg and dorsum of the right foot. The request is for trigger point injections. There is no indication of any previous injections. The 01/20/14 progress report states that "Spasm was present to the bilateral thoracic paraspinals. There are circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Facet loading was positive on the right lower lumbar spine. [There was] tenderness over the right lower lumbar paraspinals." The MTUS guidelines, page 122 indicates that "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" is necessary for trigger point injections. Recommendation is that this request is medically necessary.

OXYCODONE-ACETAMINOPHEN (PERCOCET) 10/325MG, #45: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LONG-TERM OPIOID USE, 88-89

Decision rationale: According to the 01/20/14 progress report by the treating provider, the employee presents with pain in the lower thoracic and lower lumbar areas; the employee also has occasional radiation down to the right leg and top of the right foot and the right #2-4 toes. The employee reports numbness in the right leg and dorsum of the right foot. The request is for Oxycodone- Acetaminophen (Percocet) 10/325 mg #45. Review of the reports shows that the employee has been taking Percocet since 05/08/13. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of Percocet. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the employee should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

ZOLPIDEM (AMBIEN) 10MG ORAL TAB, #30: 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), ZOLPIDEM.

Decision rationale: According to the 01/20/14 progress report by the treating provider, the employee presents with pain in the lower thoracic and lower lumbar areas; the employee also has occasional radiation down to the right leg and top of the right foot and the right #2-4 toes. The employee reports numbness in the right leg and dorsum of the right foot. The request is for Zolpidem (Ambien) 10 mg oral tab #30. There is no indication of when the employee began taking Ambien. The treating provider's 10/25/13 progress report states that the employee is back on Ambien and the employee has "Obtained good sleep with Ambien in the past without adverse side effects." Ambien is requested on 01/20/14. The MTUS and ACOEM Guidelines do not address Ambien; however, the ODG Guidelines indicate that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days and up to 24 weeks for adults in long-term studies. Although medical records indicate the employee has been prescribed Ambien in the past with benefit, it is unknown when the employee began taking Ambien; therefore, it is unknown if the employee has already been taking Ambien for 24 weeks. Recommendation is for denial.