

Case Number:	CM14-0019968		
Date Assigned:	04/28/2014	Date of Injury:	05/18/2009
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Practice, 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 injured worker is a 67 year-old female who is reported to have a date of injury of 05/18/09. The mechanism of injury is unclear. The injured worker reports neck and shoulder problems. She has a co-morbid back injury that appears secondary to a non-industrial dog attack. Records indicate prior treatments have included oral medications, therapy, and interventional procedures. On examination the injured worker has tenderness in the cervical region, muscle rigidity, decreased cervical range of motion, intact motor strength, intact sensation, intact reflexes, lumbar tenderness with trigger points, and increased lumbar muscle tone. MRI of lumbar spine dated 10/11/10 indicated multilevel degenerative changes. MRI of the cervical spine dated 10/11/10 indicated multilevel degenerative changes. MRI of the right shoulder dated 10/11/10 indicates a small rent tear of the supraspinatus. EMG/NCV dated 12/16/10 is reported to have indicated a bilateral radiculopathy involving the L3 and L4 levels. A prior Utilization Review determination dated 02/14/14 non-certified requests for Norco 10/325 mg #180, Anaprox DS 550mg, Prilosec 20 mg #120, and cervical trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 1/15/14) FOR NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES
Page(s): 74-80.

Decision rationale: The request for Norco 10/235mg # 180 is not supported as medically necessary. The records indicate the injured worker has chronic pain secondary to a workplace injury. The records provide no data establishing the efficacy of this medication. There is no documentation of functional improvements to justify the continued use as required according to the California Medical Treatment Utilization Schedule.

RETROSPECTIVE REQUEST (DOS: 1/15/14) FOR ANAPROX DS 550MG #120:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-73.

Decision rationale: The request for Anaprox DS is recommended as medically necessary. The submitted records indicate the injured worker has chronic pain and inflammation. The California Medical Treatment Utilization Schedule would support the use of this medication to treat the late and chronic effects of the workplace injury.

RETROSPECTIVE REQUEST (DOS: 1/15/14) FOR PRILOSEC 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-73.

Decision rationale: The request for Prilosec 20 mg #120 is not recommended as medically necessary. The record reflects that the injured worker is being treated for chronic pain. The injured worker is largely maintained on oral medications. The records provide no data to establish the development of medication induced gastritis. As such, there is no clinical indication for this medication.

RETROSPECTIVE REQUEST (DOS: 1/15/14) FOR CERVICAL TRIGGER POINT INJECTIONS X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The request for cervical trigger point injections is not medically necessary. The records indicate the injured worker complains of chronic cervical pain. According to the California Medical Treatment Utilization Schedule, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroids are not recommended. The records as provided fail to document discrete trigger points with twitch responses. As such the medical necessity was not established.