

Case Number:	CM14-0112220		
Date Assigned:	08/01/2014	Date of Injury:	05/30/2013
Decision Date:	09/11/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/18/2014

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 Orthopedic Surgery 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 claimant is a 57-year-old gentleman injured on May 30, 2013. The records provided for review document a diagnosis of chronic myofascial pain syndrome. The claimant is described as having numbness and weakness of the legs and low back complaints. Records from a May 14, 2014, encounter describe continued upper and lower back pain. Treatment has included trigger point injections of the upper and lower back. The claimant is documented to ambulate with a cane. Physical examination showed restricted cervical, thoracic and lumbar range of motion, multiple thoracic and lumbar trigger points, and banding. Diminished sensation to the lateral aspect of the right thigh was noted. The claimant had been treated previously with physical therapy, non-steroidal anti-inflammatory agents and muscle relaxants. The records reference no imaging studies or other forms of care. This request is for repeat trigger point injections, continuation of medications including Norco, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger Point Injections: 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: Based on California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections would not be supported. Under Chronic Pain Guidelines, trigger point injections can be administered when physical examination shows a circumferential twitch, and repeat trigger point injections can be utilized when six to eight weeks of improvement is noted following the initial series. In this case, the claimant exhibits muscular tenderness and restricted motion. There is no indication of circumferential twitching to palpation that would be indicative of trigger point diagnosis. Also, the date and effectiveness of the prior injections are not documented. Absent evidence of circumferential twitch and a period of six to eight weeks of improvement following the initial series, the request for repeat trigger point injections would not be established as medically necessary.

Norco 10/325mg #120, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of Norco. The reviewed records do not document significant benefit, symptom improvement or increase in the claimant's activity level with the current use of short-acting narcotic analgesics. Additionally, the claimant is noted to have a diagnosis of myofascial pain, which is chronic in nature, and is more than one year post-injury. The records provide no documentation of acute symptoms, for which management with a short-acting agent would be supported under guidelines criteria. Given these factors, this request would not be established as medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the use of a urine drug screen. The continued use of narcotic analgesics is not established as medically necessary in this case. Therefore, the request for a urine drug screen would not be medically necessary.