

Case Number:	CM14-0113525		
Date Assigned:	08/01/2014	Date of Injury:	03/04/2004
Decision Date:	11/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine 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:

There were 104 pages provided for this review. The application for independent medical review was signed on July 21, 2014. It was for a retrospective trigger point injections done on May 22, 2014 and the retro Norco 10\325 mg dispensed on May 22, 2014. Per the records provided, the claimant is a 35-year-old man born on August 18, 1978. He is a technician. He sustained a workplace injury on March 4, 2004. The mechanism of injury was not found. He is currently not working but is doing volunteer work. The low back, and that teeth have been accepted by his carrier. There had been prior certification for Norco, Anaprox, Prilosec and Fexmid, and he was non certified for trigger point injections. There was a February 2014 non certification for transforaminal epidural steroid injections. He was certified for Wellbutrin and certified for trigger point injections previously. The patient had chronic myofascial pain in the posterior lumbar spine. He had palpable trigger points with a discrete focal tenderness located in a palpable talk band of skeletal muscle which produced a local twitch in response to the stimulus for the band. He received four trigger point injections with chronic pain relief of greater than 50% for an increased range of motion a few minutes later. The trigger points injections were 10 cc of 0.25% bupivacaine. The earlier reviewer documented that [REDACTED] did not document evidence of a twitch response as well as referred pain, however, it seems to be clearly addressed in the records. It also says he did not document the substance to be injected. There should be no repeat injections must there is greater than 50% pain relief for six weeks. There is mention for recent certification of an inpatient detox program for seven days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger Point Injections done 05/22/14 QTY:4.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 122 OF 127.

Decision rationale: The MTUS notes 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 steroid are not recommended. The prior reviewer's concerns were that classic triggering was not noted, and that the injectate was not specified. It does appear that classic triggering with myofascial twitch respond, and a bupivacaine agent were specified. It does appear that criteria are met for the trigger point injections. The request is certified.

Retrospective Norco 10/325mg. dispensed 05/22/2014 QTY:180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 OF 127.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.