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| Case Number: | CM14-0117168 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 11/22/2003 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 11/22/2003. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back that ultimately resulted in fusion in 2004 with hardware removal in 2010. The injured worker reportedly developed chronic pain with radicular symptoms. The injured worker's treatment history included trigger point injections and multiple medications. It was noted that the injured worker was receiving monthly trigger point injections that provided pain relief and functional benefit. The injured worker was evaluated on 07/09/2014. It was documented that the injured worker had pain relief resulting from thoracic trigger point injections and would like them to be repeated. The injured worker's medications included gabapentin, Robaxin, lidocaine, zolpidem, OxyContin, Percocet, Voltaren gel, Ambien, hydrochlorothiazide, lorazepam, promethrium, sertraline, trazodone, and Wellbutrin. Physical findings included palpable taut bands in the area of pain with soft tissue dysfunction and spasming in the thoracic paraspinal region. It was noted that the injured worker had an interoffice treatment of an IM injection of Toradol for pain control. The injured worker's treatment plan included continued trigger point injections and medications. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Trigger Point Injections every 3 months x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Lumbar Trigger Point Injections every 3 months x 3 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that continued trigger point injections be based on pain relief and functional benefit. Additionally, California Medical Treatment Utilization Schedule recommends that frequency not be any less than in 2 month intervals. It is noted within the documentation that the injured worker has had monthly trigger point injections. This is not supported by guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Trigger Point Injections every 3 months x 3 are not medically necessary or appropriate.

Voltaren Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested Voltaren Gel is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the long term use of nonsteroidal anti-inflammatory drugs in a topical formulation. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 01/2014. This exceeds guideline recommendations. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of nonsteroidal anti-inflammatory drugs to manage spine related complaints. Furthermore, the request as it is submitted does not clearly identify a frequency, dosage, or quantity, or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Voltaren Gel is not medically necessary or appropriate.

Gabapentin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The requested gabapentin is not medically necessary or appropriate. The clinical documentation does support that the injured worker has been on this medication since at

least 01/2014. California Medical Treatment Utilization Schedule does support the use of antiepileptics as a first line medication in the management of chronic pain. However, the clinical documentation submitted for review does not provide any evidence of significant pain relief or functional improvement related to medication usage. Therefore, ongoing use of this medication would not be indicated. Furthermore, the request as it is submitted does not clearly identify a dosage, frequency, or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested gabapentin is not medically necessary or appropriate.