

Case Number:	CM14-0117921		
Date Assigned:	08/06/2014	Date of Injury:	08/11/2009
Decision Date:	09/12/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year old male was reportedly injured on August 11, 2009. The mechanism of injury is undisclosed. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of upper and lower back pain as well as left knee pain. The physical examination demonstrated decreased range of motion of the lumbar spine and the left knee, tenderness throughout the thoracic and lumbar spine paraspinal muscles, and decreased sensation was noted at the back of the left calf and the left foot. Diagnostic nerve conduction studies indicate a lumbar radiculopathy at the L4 to L5 level. Previous treatment includes a left knee total knee replacement, epidural steroid injections, and trigger point injections. Requests were made for Norco, epidural block, trigger point injections, and Prilosec and was not certified in the preauthorization process on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG#90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Long- Term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: A note dated July 25, 2014, indicates that Norco provides the injured employee with 50 to 80 percent improvement of pain as well as improve his ability to socialize and participate in activities of daily living. Considering this, the request for Norco is medically necessary.

1 Epidural Block: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the medical records, the injured employee has a complaint of radicular symptoms which are verified by objective physical examination and nerve conduction study findings. Considering this, this request for an epidural block is medically necessary.

4 Trigger Point Injections: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than three months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Furthermore, the record provides clear evidence of a suspected radiculopathy rather than myofascial pain syndrome. Based on the information provided, this request for trigger point injections is not medically necessary.

Prilosec 20MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing nonsteroidal antiinflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the Medical Treatment Utilization Schedule (MTUS). Therefore, this request for Prilosec is not medically necessary.