

Case Number:	CM14-0132409		
Date Assigned:	08/22/2014	Date of Injury:	10/18/2012
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal 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:

The injured worker is a 54 year old female who presented with injuries to both knees. The clinical note dated 09/11/13 indicates the injured worker continued to complain of pain and mechanical symptoms at the right knee, in addition to low back and wrist pain. The injured worker was treated conservatively following the initial injury. MRI of the lumbar spine dated 01/27/14 revealed disc desiccation at L3-4 through L5-S1, broad based disc protrusion indenting the thecal sac was identified at L3-4, disc protrusion indenting the thecal sac was also identified at L4-5 and L5-S1. The clinical note dated 03/26/14 indicates the injured worker complained of swelling and edema at the lateral aspect of the right ankle. The injured worker also reported ongoing pain at the lateral collateral ligament. Psychiatric consultation report dated 05/21/14 indicates the injured worker complained of an increase in anxiety and depression. The clinical note dated 05/28/14 indicates the injured worker complained of bilateral shoulder and wrist pain. The injured worker also had complaints of bilateral knee pain rated as 5/10. Clinical note dated 07/31/14 indicates the injured worker presented reporting bilateral wrist pain stable and mild pain with weight bearing. It was noted neck pain more pronounced with periscapular flare-up moderate to severe. Injured worker rated pain at 9/10 with midscapular spasm noted. Injured worker also reported continued bilateral knee pain. Treatment plan included acupuncture, physical therapy, and chiropractic therapy. Prescriptions for Norco, Naproxen, Flexeril, and Norcosoft provided. Documentation indicated the injured worker received injection to the bilateral thoracic rhomboid/trapezius secondary to spasm; however, the content of injection and number of injections provided was not documented. The initial request was non-certified on 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TPI (trigger point injections) (X3) Thoracic Spine Bilateral: Upheld

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

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

Decision rationale: Trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; not more than 3-4 injections per session. Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Documentation indicated the injured worker received injection to the bilateral thoracic rhomboid/trapezius secondary to spasm; however, the content of injection and number of injections provided was not documented. The injured worker did not meet the above mentioned criteria. As such, the request for TPI (trigger point injections) (X3) Thoracic Spine Bilateral cannot be recommended as medically necessary.

Norco 10/325 #60 (x1 Refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines; regarding short ac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 10/325 #60 (x1 Refill) cannot be recommended as medically necessary at this time.

Flexeril #60 (x1 Refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines; regarding Cycloben.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril #60 (x1 Refill) cannot be established at this time.

NorcoSoft #70 (x1 Refill): 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 Opioid-induced constipation treatment.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Narcosoft is a herbal laxative formula. Current guidelines do not recommend the use of medical foods or herbal medicines. As such, the request for NarcoSoft #70 (x1 Refill) cannot be recommended as medically necessary.