

Case Number:	CM14-0154149		
Date Assigned:	09/23/2014	Date of Injury:	05/18/2010
Decision Date:	11/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Emergency Medicine and is licensed to practice Texas. 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 65-year-old male who reported an injury on 04/12/2011?), reportedly when a car ran over his leg at the job site. The injured worker sustained injuries to his leg and lower back. The injured worker's treatment history included x-ray studies, physical therapy sessions, MRI studies, acupuncture sessions, NCV studies, and medications. The injured worker was evaluated on 08/11/2014 and it was documented that the injured worker complained of significant low back pain with radiation, numbness, and weakness into the lower extremities in the L5-S1 distribution. The low back pain and radiation had worsened and affected his activities of daily living. The pain was rated at 9/10. He continued to perform self directed physiotherapy on a daily basis. The objective examination findings included the following: mild to moderate distress; slow movement in an out of the office; slight antalgic gait favoring the right lower extremity; tenderness to palpation in the cervical and lumbar spine with muscle rigidity; decreased range of motion in the cervical and lumbar spine with increased pain during flexion and extension; decreased grip strength on the right; decreased sensation along the right lateral arm and forearm; numerous trigger points palpable throughout the lumbar spine with discrete focal tenderness located in a taut band, which produced a local twitch response to stimulus to the band; decreased motor testing in the right lower extremity; decrease ankle reflex on the right; positive nerve root tension sign on the right. There was tenderness to palpation of the right heel. The injured worker had undergone an MRI of the lumbar spine on 01/16/2013 that revealed bilateral foraminal narrowing and central canal stenosis at L5-S1. The injured worker had undergone an EMG performed in 12/28/2012 that revealed acute right L5 radiculopathy. She was also being treated for medication induced gastritis. Diagnosis included lumbar spine degenerative disc disease, with moderate to severe central and bilateral neural foraminal stenosis, right greater than left; bilateral lower extremities radiculopathy, right greater than left; right

saphenous nerve injury; cervical myoligamentous injury; right plantar fasciitis, industrial related; and medication induced gastritis. Medications included Norco 10/325 mg, Anaprox DS 550 mg, Prilosec 20 mg, and Fexmid 7.5 mg. The Request for Authorization dated 08/11/2014 was for trigger point injections, Norco 10/325 mg, Anaprox DS 550 mg, Prilosec 20 mg, and Fexmid 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger Point Injections (10cc of 0.25% Bupivacaine): 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 & Criteria for the use of Trigger point Injections Page(s): 122.

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain) for fibromyalgia syndrome, trigger point injections have not been proven effective. The guidelines also states trigger point injections may be used 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 progress reported dated 08/11/2014 revealed findings consistent with an L5 radiculopathy that were corroborated by imaging studies, including an MRI and an EMG. Therefore, the injured worker is not a candidate for trigger point injections. As such, the request for 4 trigger point injections (10 cc of 0.25% bupivacaine) is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no urine drug screen submitted for opioid compliance. There was no outcome measurements indicated for the injured worker such as home exercise regimen or long-term functional goals for the injured worker. The documentation submitted indicated the injured worker had been taking Norco approximately since 2011 without any measurable improvement in function or decreased pain. Additionally, the request failed to include frequency and duration of medication. As such, the request for Norco 10/325 mg #60 is not medically necessary.

Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Naproxen/Anaprox is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. In addition, the request for Naproxen did not include the frequency, duration or dosage. As such, the request for Anaprox DS 550 mg #60 is not medically necessary.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The request is not medically necessary. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency and duration of medication on the request that was submitted. Their lack of documentation of conservative care measures such as, home exercise regimen and the provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. As such, the request for Prilosec 20mg is not medically necessary.

Fexmid 7.5mg #60: Upheld

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

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

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked outcome measurements of conservative such as, prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency and duration of the medication. As such, the request for Fexmid 7.5mg # 60 is not medically necessary.