

Case Number:	CM14-0157628		
Date Assigned:	09/30/2014	Date of Injury:	05/27/2000
Decision Date:	10/28/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/25/2014

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 Massachusetts. 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 claimant has a history of a work injury occurring on 05/27/00 when she fell while moving buffet tables, twisting her low back. Treatments have included multiple lumbar spine surgeries. In January 2002 she underwent an L5-S1 decompression and fusion. In March 2003 hardware was removed. In January 2004 a revision decompression was performed. She underwent another revision with fusion in October 2008, in May and July 2013, and in January 2014. She was seen by the requesting provider on 10/07/13. Pain remained at 10/10. Toradol and trigger point injections had been helpful. Physical therapy is referenced as going well. She was slowly increasing her ambulation. Physical examination findings included an antalgic gait with use of a cane. There was mild right lower extremity weakness. There was minimal lumbar tenderness and spasms. A Toradol injection was administered and trigger point injections were performed. Medications were refilled. She was continued at temporary total disability. She was to continue in physical therapy. She was seen on 03/19/14. She was having low back pain radiating into the right leg with numbness, tingling, and weakness. Pain was rated at 10/10. Physical examination findings included decreased right lower extremity strength and sensation with positive straight leg raising. She was unable to walk on her heels or toes. Another lumbar spine surgery was planned. This was performed on 04/17/14 with another revision decompression. Treatments included postoperative physical therapy and as of 08/05/14 she had completed 27 treatment sessions. There was a pending lumbar epidural injection. On 04/07/14 another lumbar spine surgery was pending. Physical examination findings included right-sided lower extremity weakness and numbness with a slightly antalgic gait. There was decreased lumbar spine range of motion with tenderness and spasm. Medications were refilled and trigger point injections were performed. On 04/28/14 she was having low back and leg pain. Physical examination findings included a slightly antalgic gait. There was lumbar spine tenderness and spasm. Medications

were refilled. A Toradol injection was administered. On 06/09/14 urine drug screen test results were reviewed. She had undergone the surgery. She had ongoing pain rated at 10/10. She was performing home exercises. Physical examination findings appear unchanged. Medications were refilled and trigger point injections were performed. She was referred for physical therapy. On 07/21/14 pain was again rated at 10/10. She was requesting another trigger point injection. Physical examination findings included decreased lumbar spine range of motion with a slightly antalgic gait. There was lumbar spine tenderness with spasm. Medications were refilled and trigger point injections were performed. On 08/20/14 she was having persistent pain. Physical examination findings appear unchanged. Medications were refilled and trigger point injections were performed. She was referred for a pain management evaluation and additional testing. She was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retro trigger point Injection: 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 claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. She has undergone eight lumbar spine surgeries, most recently in April 2014. Medications include Percocet with ongoing poor pain control with pain rated at 10/10. She receives regular trigger point injections with muscles treated unspecified. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore trigger point injections were not medically necessary.

Percocet 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. She has undergone eight lumbar spine surgeries, most recently in April 2014. Medications include Percocet with ongoing poor pain control with pain rated at 10/10. She has not returned to work. In this case, there is no evidence of progress towards a decreased reliance on medical care or return to work plan with poor pain control, and the claimant appears to be becoming more dependent in terms of medical care

usage. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Percocet was not medically necessary.