

Case Number:	CM14-0163779		
Date Assigned:	11/12/2014	Date of Injury:	02/11/2005
Decision Date:	12/16/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 Interventional Spine 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 patient is a 46 year-old male with the date of injury of 02/11/2005. The patient presents with pain in his left shoulder, mid and lower back. There are tenderness over T10 region bilaterally and over L4-5 facet regions bilaterally. The patient is limited to forward flexion fingertip to the level of his knees. Sensory, motor, reflex exams on lower extremities are within normal limits. The MRI of the left shoulder from 01/02/2013 reveals mild supraspinatus tendinopathy without tear. According to [REDACTED] report on 09/04/2014, diagnostic impressions are: 1) Degeneration of thoracic intervertebral disc 2) Degeneration of lumbar intervertebral disc The utilization review determination being challenged is dated on 09/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/18/2013 to 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(4) Bilateral Trigger Point Injections: 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 patient presents with pain in her shoulder and lower back. The patient is s/p shoulder arthroscopy on 12/01/2009. The request is for bilateral trigger point injections. The patient underwent trigger point injections at T8-9 and L4-5 regions in the past and no progress reports are provided. The MTUS guidelines page 122 do not recommend 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." None of the reports provided by the physician contain documentation of trigger points to warrant the injection. The MTUS requires documentation of specific trigger points for injections to be supported. For repeat injections, documentation of significant improvement is required as well. The request is not medically necessary.

(1) Prescription of Vicodin 5/300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 61, 88, 89,76-78.

Decision rationale: The patient presents with pain in her shoulder and lower back. The patient is s/p shoulder arthroscopy on 12/01/2009. The request is for prescription of Vicodin 5/300mg #60. The utilization review letter on 09/16/2014 indicates that the patient took Tylenol, Ibuprofen and Aspirin but could not utilize anything stronger due to his job as a driver. The review of the reports shows that the patient was prescribed Vicodin 50/300 mg on 11/08/2012 and 06/12/2014. Before initiating opioid therapy, MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. (d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the goal setting, baseline pain assessment and baseline functional assessment are not performed. The physician does not explain why he is prescribing Vicodin again when it failed previously and does not address what he hopes to accomplish with the use of opiates. The request is not medically necessary.