

<b>Case Number:</b>	CM14-0172191		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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:

Medical records reflect the claimant is a 35 year old male who sustained a work injury on 3-4-04. The claimant has a low back, psyche and teeth as part of the accepted injury. The claimant is status post PLIF at L4-L5 on 11-12-07, pedicle screw hardware block on 11-11-09, he had a SCS implant on 12-19-11 with 40-50% relief. On 5-13-13, the claimant underwent an epidural steroid injection at left L5-S1. Office visit on 10-18-13 notes the claimant is being prescribed Norco, Anaprox, Prilosec, Fexmid and the use of Dendracin. On 5-5-14, the claimant underwent lumbar epidural steroid injection right L5-S1. Office visit on 9-16-14 notes the claimant went through a detox program and was placed on Suboxone. The claimant continues with ongoing low back pain with radiation to the lower extremities. He had epidural steroid injection in May which provided at least 50% relief. On exam, the claimant walks slowly and has a stiff antalgic gait. He has tenderness to palpation bilaterally and increased muscle rigidity. There are numerous trigger points palpated and tender through the lumbar paraspinal muscles. He had decreased range of motion and significantly positive SLR. Request was made for medications to include Anaprox, Prilosec, Neurontin, and Robaxin, continue with psychiatry, and trigger point injections for myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 9/16/14 Anaprox DS 550mg tablets Qty: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long term use of an NSAID. There is no documentation of functional improvement with this medication. Therefore, the medical necessity of this request is not established.

**Retrospective DOS: 9/16/14 Prilosec 20mg capsules Qty: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI effects Page(s): 68.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation noting that this claimant has secondary GI effects due to the use of medications or that he is at an intermediate or high risk for GI events. Therefore, the medical necessity of this request is not established.

**Retrospective DOS: 9/16/14 Trigger point injections Qty: 4.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. It is further noted that Trigger point injections 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.(Colorado, 2002) (BlueCross BlueShield, 2004). There is an absence in documentation noting that this claimant has circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the medical necessity of this request is not established.