

Case Number:	CM14-0176690		
Date Assigned:	10/30/2014	Date of Injury:	04/08/2008
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/24/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for a chronic neck pain, mid back pain, and headaches reportedly associated with an industrial injury of April 8, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; and trigger point injections. In a Utilization Review Report dated October 24, 2014, the claims administrator partially approved a request for Norco and seemingly retrospectively denied trigger point injections already performed on September 18, 2014. In an April 11, 2011, Medical-legal Evaluation, the applicant presented with multifocal complaints of neck pain, shoulder pain, headaches, hip pain, and elbow pain, collectively scored at 8/10. The applicant had developed derivative complaints of depression and anxiety, it was stated. The applicant's work status was clearly outlined on this occasion, although the applicant did not appear to be working. In a progress note dated October 16, 2014, the applicant reported 7-8/10 headaches without medications versus 3/10 pain with medications. In another section of the note, it was stated that the applicant's pain was "constant, intractable." The applicant was moderately to severely depressed and was having difficulty with sleeping and difficulty performing activities of daily living, it was acknowledged. In another section of the note, the attending provider stated that the applicant was able to bathe, cook, and sleep better with his medications. The applicant was placed off of work while Norco, Prozac, and Ambien were renewed. Additional physical therapy was sought. Urine drug test was performed. The applicant was asked to employ Ambien and Remeron for sleep purposes. The attending provider did not elaborate or expound upon any improvements in function with medication consumption. In an earlier note dated September 18, 2014, the applicant was described as having ongoing multifocal complaints of pain and depression. The applicant was using a cane to move about. The applicant was not working, it

was acknowledged. The applicant acknowledged that his pain was interfering with his ability to concentrate and socialize with others. The applicant acknowledged that he had complaints of paresthesia and numbness about the lower extremities. The applicant was given diagnoses which included posttraumatic headaches, cognitive dysfunction, dizziness, tinnitus, hearing loss about the left ear, shoulder pain, status post multiple shoulder surgeries, carpal tunnel syndrome, and myofascial pain syndrome. The attending provider stated that the applicant was alleging both specific, discrete injury, and cumulative trauma. The applicant was given multiple trigger point injections in the clinic and placed off of work. Norco, Ambien, and Prozac were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NorcoOpioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work, it has been acknowledged on several occasions referenced above, throughout 2014. While the attending provider has reported some reduction in pain scores achieved as a result of ongoing medication consumption, including ongoing Norco consumption, this is, however, outweighed by the applicant's failure to return to work and the attending provider's failure to expound or elaborate upon any material improvements in function achieved as a result of ongoing Norco usage. Similarly, the applicant's commentary to the effect that his pain is interfering with his ability to concentrate and interact with others likewise does not make a compelling for continuation of opioid therapy. Therefore, the request is not medically necessary.

4 trigger point injections in the thoracic musculature: 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 topic Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain, as was present here. The applicant did report complaints of lower extremity paresthesia suggestive of neuropathic radicular pain on the date the trigger point injections in question were performed, September 18, 2014. The performance of trigger point injections on September 18, 2014, thus,

was at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.