

Case Number:	CM14-0020281		
Date Assigned:	05/07/2014	Date of Injury:	01/04/1999
Decision Date:	08/07/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 patient is a 51-year-old male who has filed a claim for myalgia and myositis associated with an industrial injury date of January 04, 1999. Review of progress notes indicates moderate-severe fluctuating low back and gluteal pain radiating to the bilateral lower extremities. Patient reports the ability to fulfill daily activities with medications, and decreased pain from 10/10 to 4/10. Findings include antalgic gait; hypertonic paraspinous muscles; tenderness over the lumbar and sacroiliac regions; positive nerve root tension signs of bilateral lower extremities; decreased lumbar range of motion; and decreased left knee, ankle, and foot strength. Patient walks with a cane. Lumbar MRI dated February 25, 2013 showed post-surgical changes at L4-5 and L5-S1; disc bulge and mild-moderate central canal stenosis at L3-4; disc bulge and slight facet arthropathy at L2-3; and mild neuroforaminal narrowing at L3-4, L4-5, and L5-S1. Lumbar x-rays dated April 15, 2013 showed post-fusion changes, and grade I anterolisthesis of L3 on L4. Treatment to date has included antidepressants, gabapentin, opioids, NSAIDs, muscle relaxants, sedatives, physical and aquatic therapy, epidural steroid injection, hardware block, and lumbar spinal surgery. Utilization review from January 13, 2014 denied the requests for trigger point injection to the bilateral lumbar paraspinous and PSIS as there was no documentation of presence of active trigger points; and baclofen 20mg #90 as this is not recommended for long-term use. There was modified certification for Norco 10/325mg for #90 as there was no indication for increasing the dosage, and the current request will exceed guideline recommendations for daily opioid intake; and alprazolam 0.5mg for #80 as this is not recommended for long-term use, and a slow taper is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION TO THE BILATERAL PARASPINOUS AND PSIS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: CA MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. The patient has palpable trigger points and taut bands with a twitch response radiating to the right buttocks. However, this patient also presents with findings consistent with lumbar radiculopathy, which precludes the use of trigger point injections. Also, there is no documentation regarding the location of these trigger points. Therefore, the request for trigger point injection to the bilateral paraspinoous and PSIS was not medically necessary.

NORCO 10/325MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least December 2012. Patient is also taking Avinza 90mg once a day. The patient is taking a total daily opioid dose of 150mg oral morphine equivalents, which exceeds the guideline recommendation of 120mg. Several progress notes from 2013 discuss the need to decrease the patient's opioid dosing due to the associated risks. There is mention that the patient was able to tolerate a decreased intake of Norco, and there is no indication as to why increasing the dosage of Norco is necessary. Therefore, the request for Norco 10/325mg #180 was not medically necessary.

BACLOFEN 20MG, #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is recommended orally for treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. Patient has been on this medication since at least March 2013. Progress notes indicate that the patient reports increasing pain due to the inability to obtain this medication. However, the monthly progress notes do not document periods of discontinuation of this medication, and this medication is not recommended for chronic use. Also, the patient does not present with spasms related to multiple sclerosis or spinal cord injuries. Therefore, the request for baclofen 20mg #90 with 1 refill was not medically necessary.

ALPRAZOLAM 0.5MG, #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since at least December 2012. Although there is documentation of presence of anxiety, there is no documentation regarding the improvement derived from use of this medication. In addition, the patient is on a high-dose opioid regimen for which sedation may be an issue, and this medication is not recommended for chronic use. Therefore, the request for alprazolam 0.5mg #90 with 1 refill was not medically necessary