MAXIMUS Federal Services

Case Number:	CM14-0026033		
Date Assigned:	06/16/2014	Date of Injury:	05/06/1996
Decision Date:	08/13/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 injured worker is a 64-year-old male who reported an injury on 05/06/1996. The mechanism of injury was not provided. On 01/02/2014, the injured worker presented with chest pain, chronic low back pain, and right knee pain. Upon examination of the lumbar spine there was decreased painful range of motion with spasm and a positive Lasegue's bilaterally. There was also a positive bilateral straight leg raise with tenderness to palpation over the bilateral piriformis and greater trochanter bursal. An examination of the right knee revealed patellofemoral crepitation, joint line tenderness, and a positive McMurray's. The diagnoses were a status post lumbar fusion, chronic low back pain, lumbar discogenic disease, multilevel and right knee internal derangement. Prior treatment included acupuncture and medications. The provider recommended additional acupuncture, Norco, temazepam, baclofen, and 2 trigger point injections to the lumbar spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for additional acupuncture 2 times a week for 6 weeks is not medically necessary. The California MTUS state acupuncture is used as an option when pain medication is reduced or not tolerated and it must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. More clarification would be needed within the request to provide Guideline recommendations of the frequency of acupuncture and the recommended amount of visits. The provider does not indicate the site that the acupuncture visits are intended for. Additionally, the injured worker has already undergone previous acupuncture treatments and the efficacy of the prior treatment was not provided. As such, the request is not medically necessary.

NORCO 10/325 2 TABLETS PO QID #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The request for Norco 10/325 mg 2 tablets by mouth 4 times a day #240 is not medically necessary.The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the injured worker has been prescribed Norco since at least 01/02/2014, and the efficacy of the medication was not provided. As such, the request is not medically necessary.

TEMAZEPAM 4 A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: The request for temazepam 4 a day is not medically necessary. The California MTUS do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most Guidelines limit the use to 4 weeks. The injured worker has been prescribed temazepam since at least 01/2014. This exceeds the Guideline recommendation of short term therapy. There is a lack of efficacy of the medication documented to support continued use. Additionally, the provider's request does not indicate the dose or quantity of the medication in the request as submitted. As such, the request is not medically necessary.

BACLOFEN 4 A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

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

Decision rationale: The request for baclofen 4 a day is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain relief or overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed baclofen since at least 01/2014 and the efficacy of the medication was not provided. Additionally, the provider's request does not indicate the dose or quantity of the medication in the request as submitted. As such, the request is not medically necessary.

TWO TRIGGER POINT INJECTIONS TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

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

Decision rationale: The request for 2 trigger point injections to the lumbar spine is not medically necessary. The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome as indicated with limited lasting value. It is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for treatment of chronic low back or neck pain with myofascial syndrome when there is documentation of a circumscribed trigger point with evidence upon palpation of a twitch response, symptoms persisting for more than 3 months, failure of conservative care treatments, radiculopathy not present, no more than 3 to 4 injections per session, and no repeat injections unless greater than 50% pain relief is obtained for 6 weeks. The documentation lacked evidence of a twitch response upon palpation, and evidence of failure to respond to conservative treatment. The included documentation revealed positive straight leg raise, indicative of radicular pain. Therefore, based on all of the above, the request is not medically necessary.