

Case Number:	CM14-0032606		
Date Assigned:	06/20/2014	Date of Injury:	03/26/2001
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 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:

The injured worker is a 60 year old male who had a work related injury on 03/26/01. There is no medical documentation of the mechanism of injury. Diagnosis is cervical, thoracic, and lumbar myofascial pain. Degenerative disc disease with multi-level disc bulging and radiculopathy, myofascial pain, thoracic and lumbar spine. Status post spinal cord stimulator implant. The most recent note dated 06/03/14 revealed that the injured worker complained of low back pain that radiates down his bilateral legs. Pain scale was 8 on a scale of 0 to 10. He also complains of neck pain. Neck pain is rated 5-6/10. He is not working and denies any new injuries or accidents since his previous office visit. Medications Vicodin 7.5/300mg. Physical examination tenderness throughout the cervical, thoracic, and lumbar musculature. He has limited range of motion throughout his entire spine with taut bands. In reviewing records there has been no decrease in the injured worker's pain, visual analog scale (VAS) scores remain virtually unchanged. There is no documentation of functional improvement. Although there are notes of urinary drug testing, there are no reports to review. Prior utilization review dated 03/05/14 was non-certified. The request is for trigger point injections x 14 retrospective date of service 03/04/14. Urine drug screens to be performed at next visit for medication compliance. Skelaxin 800mg #90 with 1 additional refill. Vicodin #90 2 additional refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS to be performed at next visit for medication compliance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, URINARY DRUG TESTING.

Decision rationale: The request for trigger point injections times 14 retrospective date of service 03/04/14, is not medically necessary. The clinical documentation submitted for review does not support the request for trigger point injections. There is no documentation of twitch response, and no documentation of functional improvement. As such medical necessity has not been established, therefore is not medically necessary.

Vicodin #90, 2 additional refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 98, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATE'S Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants For Pain.

Decision rationale: The request for Vicodin #90 2 additional refills is not medically necessary. The clinical documentation does not support the request for Vicodin. In reviewing records there has been no decrease in the injured worker's pain, visual analog scale (VAS) scores remain virtually unchanged. There is no documentation of functional improvement. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms and medications should only be changed by the prescribing physician.

Skelaxin 800mg #90 with 1 additional refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, pain chapter- Skeletal Muscle Relaxants, page 63.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants For Pain.

Decision rationale: The request for Skelaxin 800mg #90 with 1 additional refill is not medically necessary. The clinical documentation does not support the request for skelaxin. There is no documentation of the injured worker being on Skelaxin. There is no documentation of muscle spasm. Medical necessity has not been established, therefore is not medically necessary.

Trigger Point Injections x14 (retrospective DOS 03/04/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Trigger Point Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, TRIGGER POINT INJECTIONS.

Decision rationale: The request for trigger point injections times 14 retrospective date of service 03/04/14, is not medically necessary. The clinical documentation submitted for review does not support the request for trigger point injections. There is no documentation of twitch response, and no documentation of functional improvement. As such medical necessity has not been established, therefore is not medically necessary.