

Case Number:	CM14-0035017		
Date Assigned:	07/09/2014	Date of Injury:	06/15/1991
Decision Date:	08/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in Pain 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 65 year old female who sustained an injury on 06/15/91. No specific mechanism of injury was noted. The injured worker was followed for ongoing complaints of both neck pain and low back pain with associated myofascial spasms and trigger points. The injured worker had extensive amount of conservative treatment in the past and surgical intervention. The injured worker had spinal cord stimulator placed and utilized multiple medications including antidepressants narcotic medications and benzodiazepines. The injured worker also utilized Nuvigil. The injured worker was seen on 02/25/14 with continuing complaints of low back pain radiating to the buttocks and neck pain. The physical examination findings noted tenderness to palpation in the cervical spine and lumbar spine with loss of lumbar with loss of range of motion. There was no evidence of any neurological deficits on physical examination. The injured worker was recommended to continue with Dilaudid at 4 mg twice daily and oxycontin 40mg twice daily. The injured worker was recommended for trigger point injections up to 12 times per year. Follow up on 03/18/14 noted no change in physical examination findings. The injured worker had at least 50% pain relief with 50-60% pain relief with narcotic medications including oxycontin and Dilaudid. The injured worker was reported to have no aberrant behaviors with consistent urine drug screen findings. The injured worker had updated pain contract. The injured worker was also reported to have at least 50% improvement with previous trigger point injections and no more than three injections would be injected at any one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Opioids Page(s): 60,74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The clinical documentation noted that the injured worker had active spinal cord stimulator that was revised in December of 2013. There was no evidence of any attempt at weaning off of narcotic medications after the spinal cord stimulator was revised. The use of a spinal cord stimulator would reasonably allow an attempt for weaning for this injured worker. Currently the injured worker is utilizing an excessive amount of narcotic medications well above the 100mg morphine equivalent dosage maximum set by guidelines. Currently the current currently the narcotic medication intake is 1.5 times the maximum. Given the lack of any indication for weaning for this injured worker given the spinal cord stimulator placement and as there is an excessive amount of narcotics being prescribed this reviewer would not have recommended this request as medically necessary.

Oxycontin 40mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Opioids Page(s): 60,74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids, Criterial for Use Page(s): 88-89.

Decision rationale: The clinical documentation noted that the injured worker had active spinal cord stimulator that was revised in December of 2013. There was no evidence of any attempt at weaning off of narcotic medications after the spinal cord stimulator was revised. The use of a spinal cord stimulator would reasonably allow an attempt for weaning for this injured worker. Currently the injured worker is utilizing an excessive amount of narcotic medications well above the 100mg morphine equivalent dosage maximum set by guidelines. Currently the current currently the narcotic medication intake is 1.5 times the maximum. Given the lack of any indication for weaning for this injured worker given the spinal cord stimulator placement and as there is an excessive amount of narcotics being prescribed this reviewer would not have recommended this request as medically necessary.

1 Trigger point injections to the cervical spine a an outpatient: Upheld

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

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

Decision rationale: The injured worker had several trigger point injections to date. The injured worker had at least 50% improvement from trigger point injections; however, the duration of pain relief was not specifically noted. Per guidelines there should be at least six weeks of 50% or more pain relief following trigger point injections to support continuing use of this procedure. Guidelines also recommend that there be evidence of functional improvement and medication reduction. The injured worker has had no documented medication reduction to date or any significant functional improvement with trigger point injections. Therefore this reviewer would not have recommended this request as medically necessary.