

<b>Case Number:</b>	CM14-0040636		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/27/2002
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Nevada. 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 33 year-old male who was reportedly injured on 3/27/2002. The mechanism of injury was a lifting injury. The injured worker underwent a lumbar fusion at L4-L5. The most recent progress notes dated 3/12/2014 and 4/7/2014 indicate that there are ongoing complaints of low back pain. Physical examination demonstrated tenderness over the sacroiliac joints bilaterally; tense paralumbar muscles with spasming and trigger points; spasming noted in the left paralumbar musculature with discrete focal circumscribe trigger points, positive twitch response and referred localized non-radicular pain consistent with trigger points; reduced lumbar spine; positive Gaenslen's, Yeoman's, and Patrick's maneuver for sacroiliac (SI) pain bilaterally; antalgic gait; ambulates heel-to-toe but with mild pain. No diagnostic imaging studies available for review. Previous treatment includes SI joint injections, trigger point injections, and medications to include Lyrica, Neurontin, Flexeril, Soma, OxyContin, Norco, Lidocaine 5% ointment and anti-inflammatories. A request was made for psychological consultation for pump/stimulator; Soma 350mg #30 with 3 refills; OxyContin 80mg #90 with 3 refills; lumbar trigger point injections with ultrasound guidance. The utilization review on 3/19/2014 modified the certification for Soma #8 with no refills and OxyContin #90 with #1 refill, Psychological consultation and lumbar trigger point injections were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification and rapid detox.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines specifically recommend against the use of Soma and indicate that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the California Medical Treatment Utilization Schedule against the use of this medication, this medication is not considered medically necessary.

**Oxycontin 80 mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic back pain and was prescribed OxyContin 80 mg three times a day. Treatment guidelines and the manufacturers prescribing instructions recommend that this medication be given twice a day. As such, the request is not considered medically necessary.

**1 Lumbar trigger point injection with ultrasound guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** California Medical Treatment Utilization Schedule treatment guidelines supports trigger point injections for myofascial pain syndrome in certain clinical settings of chronic back pain when a criterion is met. Review of the available medical records document circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative treatment. In addition, there is documentation of a previous trigger point injection with approximately 4 months of pain control. As such, this request is considered medically necessary.