

Case Number:	CM14-0064747		
Date Assigned:	08/04/2014	Date of Injury:	11/05/2007
Decision Date:	09/10/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 Texas and Oklahoma. 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 49-year-old who reported an injury on November 5, 2007. The mechanism of injury was not stated. Current diagnoses include lumbar discogenic disease, lumbar facet syndrome, cervical discogenic disease, and cervical facet syndrome. The injured worker was evaluated on April 9, 2014. The injured worker reported persistent pain over multiple areas of the body, as well as headaches. Physical examination revealed an inability to perform toe or heel walking, diminished strength in the bilateral lower extremities, tenderness to palpation of the midline and lower lumbar spine, 1+ deep tendon reflexes, and intact sensation. Treatment recommendations included a bilateral subscapular nerve block, bilateral paravertebral sacroiliac trigger point injections, and prescriptions for Avinza, Norco, Skelaxin, Amitiza, Vistaril, and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon physical examination. The injured worker has utilized this medication since 2012. The Chronic Pain Medical Treatment Guidelines do not recommend long-term use of muscle relaxants. There is also no frequency listed in the request. As such, the request for Skelaxin 800mg 120 count is not medically necessary or appropriate.

Amitiza 24mcg 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Management of Constipation.

MAXIMUS guideline: Decision on the Non-MTUS U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 21 Aug 2014. (www.nlm.nih.gov)

Decision rationale: According to the U.S. National Library of Medicine, Amitiza is used to relieve stomach pain, bloating, and straining, and to produce softer and more frequent bowel movements in patients with chronic idiopathic constipation. The injured worker does not maintain a diagnosis of chronic idiopathic constipation. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. As such, the request for Amitiza 24mcg 120 count is not medically necessary or appropriate.

Fioricet twenty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state barbiturate-containing analgesic agents are not recommended. There is a risk of medication overuse, as well as rebound headache. Therefore, the request for Fioricet twenty count is not medically necessary or appropriate.

Vistaril 25 mg sixty count: Upheld

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

MAXIMUS guideline: Decision on the Non-MTUS U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 21 Aug 2014. (www.nlm.nih.gov)

Decision rationale: According to the U.S. National Library of Medicine, hydroxyzine is used to relieve itching caused by allergies and to control nausea and vomiting caused by various conditions. The injured worker does not report allergies or nausea/vomiting. There is also no indication of motion sickness, anxiety, or symptoms of alcohol withdrawal. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. As such, the request for Vistaril 25 mg sixty count is not medically necessary or appropriate.

Norco 10/325 mg 120 count: 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): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 2012. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request for Norco 10/325 mg 120 count is not medically necessary or appropriate.

One bilateral suprascapular nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Nerve Blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39-40.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state sympathetic blocks are recommended only as indicated, and they are primarily used for diagnosis of sympathetically-mediated pain as an adjunct to facilitate physical therapy. There is no indication of this injured worker's active participation in physical therapy. Physical examination on the requesting date only revealed tenderness to palpation of the midline and lower lumbar spine with diminished range of motion and diminished strength. As the medical necessity has not been established, the request for one bilateral suprascapular nerve block is not medically necessary or appropriate.

One bilateral paravertebral sacroiliac trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Injections. Decision based on Non-MTUS Citation Official Disability Guidelines-Trigger Point Injections, Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response. Therefore, the injured worker does not meet criteria for the requested procedure. There was also no documentation of a failure to respond to medical management therapy. Based on the clinical information received, the request for one bilateral paravertebral sacroiliac trigger point injections is not medically necessary or appropriate.