

Case Number:	CM14-0079773		
Date Assigned:	07/18/2014	Date of Injury:	09/08/2003
Decision Date:	08/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 63-year-old male who reported an injury 09/08/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 05/28/2014 indicated diagnoses of chronic low back pain and buttock pain secondary to failed back surgery syndrome requiring pain management, failed back surgery syndrome status post lumbar fusion dated 12/15/2004, delayed union L4-5 and solid fusion L5-S1, multilevel degenerative disease of the lumbar spine, lumbar neural foraminal narrowing bilaterally, degenerative facet disease of the lumbar spine, exacerbation of myofascial pain and strain over the low back and buttock region with painful trigger point over the left buttock, left sacroiliac joint pain dysfunction, and an opiate treatment agreement reviewed and updated. The injured worker reported chronic low back pain from failed back surgery syndrome exacerbated of left buttock pain with spasms that required pain management. The injured worker reported his pain 10/10 without pain medication. The injured worker reported without pain control from medication he was unable to do much of anything. The patient had to sit in a chair and used his heating pad and used a towel around his neck for comfort. The injured worker reported he and his wife were unable to go out to dinner or walk together because of his pain. The injured worker reported he had tried other treatments including inflammatory pain medication, physical therapy and other modalities without adequate relief. The injured worker reported after he failed non-opiate treatment, he required Norco for pain control and had been using Norco for many years to control his chronic low back pain and improve and maintain functioning. The injured worker reported he took Norco for pain control and the injured worker reported he tolerated the medication well and took the medication as directed. The injured worker reported previous trigger point injections in the past helped him. The injured worker reported with pain medication his pain was reduced to 4/10. With pain medication his functioning improved, he was able to walk and stand better and longer. He was

able to go out to dinner with his wife and walk with his wife and able to do self-care and some light housework as tolerated. The injured worker reported no side effects from the pain medication. The injured worker reported low back and buttock pain that was severe, including stabbing, stiffness, tenderness, and pain related weakness, worse with activities that included walking, standing sitting, constant without medication and better with rest, medication, and heat. The injured worker was reviewed and had a CURES report. On physical examination of the lumbosacral spine, there was mild tenderness to palpation across the low back in both the mid line and the paraspinal region. There was mild tenderness to palpation over the left buttocks PSIS region. There was mild tenderness on the right side. The injured worker's trigger point was noted over the left buttock region. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The provider submitted a request for trigger point injection to the lumbar/left buttock times 1. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for the lumbar/left buttock x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injection. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

Decision rationale: The request for Trigger point injection lumbar/left buttock x 1 is not medically necessary. The California MTUS guidelines recommend lumbar trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value, and it is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The documentation submitted indicated that the injured worker has tried and failed NSAIDs and physical therapy. In addition, the injured worker has a twitch response upon palpation and the injured worker has had a previous trigger point injection; however, there was lack of quantified pain relief from the prior trigger point injection. Therefore, the request for trigger point injection to the lumbar left buttocks times 1 is not medically necessary.

Norco 10/325 mg, #130: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, #130 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported his pain as 10/10 without medication, reports relief with medication, and reports functional improvement. The injured worker has signed the CURES report of efficacy. The injured worker would benefit from the Norco. Therefore, the Norco is medically necessary.