

Case Number:	CM14-0079983		
Date Assigned:	08/06/2014	Date of Injury:	03/19/2003
Decision Date:	09/22/2014	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 & Rehabilitation and is licensed to practice in California. 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 55-year-old female who reported an injury on 03/19/2003, following an altercation. The current diagnoses include lumbosacral disc degeneration, facet joint syndrome in the lumbar spine, sacralgia, cervical disc degeneration, long term use of medication, and low back pain. The injured worker was evaluated on 05/22/2014, with complaints of an increase in neck and lower back pain. Previous conservative treatment is noted to include lumbar and cervical epidural steroid injections, medications, lumbar radiofrequency ablation, and physical therapy. It is noted that the injured worker underwent anterior cervical fusion at C4-5 in 01/2009. The current medication regimen includes Neurontin, Opana ER, oxycodone IR, Soma, and Flector patch 1.3%. Physical examination on that date revealed decreased range of motion of the cervical spine, trigger/tender points in the right trapezius, 2+ deep tendon reflexes, intact sensation, normal motor strength, tenderness to palpation of the bilateral paraspinal musculature, sacroiliac joint tenderness, positive faber testing, and decreased grip strength in the right upper extremity. Treatment recommendations at that time included a repeat epidural steroid injection, and continuation of the current medication regimen. There was no Request for Authorization form submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Injection, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac Joint Block.

Decision rationale: The Official Disability Guidelines state prior to a sacroiliac joint block, the history and physical should suggest the diagnosis with at least 3 positive examination findings. As per the documentation submitted, the injured worker had exhausted conservative treatment. The injured worker's physical examination does reveal sacroiliac joint tenderness and positive faber testing. However, there is no documentation of at least 3 positive examination findings. Therefore, the current request cannot be determined as medically appropriate at this time.

Moderate Sedation QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's sacroiliac joint injection has not been established, the current request is also not medically necessary.

Ultra Sound Guidance, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's sacroiliac joint injection has not been established, the current request is also not medically necessary.

Flourosopic Guidance, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's sacroiliac joint injection has not been established, the current request is also not medically necessary.

Lumbar Trigger Point Injection, QTY: 1: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically appropriate.

Ultrasonic Guidance, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's lumbar trigger point injection procedure has not been authorized, the current request is also not medically necessary.

Flector Patch 1.3%, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy of safety. The only FDA approved topical NSAID is diclofenac 1% gel. There is no documentation of a failure to respond to first line oral medications prior to the initiation of a topical analgesic. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

Soma 250mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized Soma 250 mg for an unknown duration. Despite the ongoing use of this medication, the injured worker continues to demonstrate trigger/tender points in the right trapezius. The California MTUS Guidelines do not recommend long term use of muscle relaxants. As such, the request is not medically appropriate.

Opana ER 10mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS 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 continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Oxycodone IR 10mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.