

Case Number:	CM14-0081252		
Date Assigned:	07/18/2014	Date of Injury:	08/17/2004
Decision Date:	09/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational Medicine 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 54 year old female with a reported date of injury of August 17, 2004. The mechanism of injury is not documented. Diagnosis is listed as sprain lumbar region (847.2) The last progress report dated April 30, 2014 indicates that the injured worker was treated for back pain with radiculopathy. The injured worker is status post carpal tunnel surgery and ankle surgery. It is noted that the injured worker is depressed and experiencing worsening pain rated at 10/10. Numbness in her bilateral extremities as well as frozen right shoulder is documented. Objectively, the injured worker has multiple myofascial trigger points, tense bands throughout the thoracic region, and decreased pinprick in all directions. A prior utilization review determination dated May 22, 2014 denied the request for trigger point injections as the injured worker underwent this procedure April of 2014. The review further noted the injured worker is not a candidate for opioids since she was recently weaned off of opioids. Norco was denied and Motrin was recommended instead.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one prescription of Norco 7.5/325mg, count 90 with one refill.:
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): 88-89.

Decision rationale: The patient was weaned off opioids for reasons that are not documented. This is generally done due to lack of effectiveness or addiction or other misuse of opioids. Her examination is non-physiologic, indicating no specific disorder known to cause chronic pain, as required by the state medical board. If this is intended as a trial of opioid therapy, required goals and parameters are not given. The request is not medically necessary and appropriate.

Prospective request for 4 trigger point injections between 4/30/2014 through 4/30/2014.:
Upheld

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): 122.

Decision rationale: The patient does not meet criteria 4, 6, and 7 set out below: 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 (by exam, imaging, or neuro-testing); (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. (Colorado, 2002) (BlueCross BlueShield, 2004). The request is not medically necessary and appropriate.