

Case Number:	CM14-0085614		
Date Assigned:	08/01/2014	Date of Injury:	12/30/2011
Decision Date:	09/10/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 Pain Medicine and is licensed to practice in Texas. 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 57 year old male who sustained an injury on 12/30/11 while unloading pipes. The section of pipe rolled backwards catching the injured worker causing injuries to the ribs, chest, back and lungs. Prior treatment has included multiple trigger point injections for myofascial pain. The injured worker indicates the trigger point injections did provide substantial improvement in regards to pain. The injured worker was recommended for minimally invasive lumbar discectomy procedures. Medication management was noted to include the use of Percocet, topical Voltaren gel, Skelaxin, Lidoderm patches, valium, Lunesta and Prilosec. Trigger point injections were completed on 05/14/14. The clinical report from 06/11/14 again noted benefits obtained with the use of trigger point injections. The injured worker was felt to have developed neurogenic claudication secondary to central canal stenosis. On physical examination there was noted straightening of the normal cervical alignment and curvature. There was tenderness to palpation in the suboccipital region ranging down into the paravertebral musculature as well as tenderness in the trapezius and scapular areas bilaterally. There was decreased range of motion noted in the lumbar spine with myofascial symptoms present. Further trigger point injections were provided at this evaluation. Follow up on 08/14/14 again noted improvement obtained with trigger point injections. The injured worker's physical examination findings were unchanged. Additional trigger point injections were provided at this evaluation. The requested medications to include Prilosec 20 mg #60, valium 10 mg #30, Lunesta 3mg #30, Voltaren gel 300grams, Percocet 10/325mg #120, Skelaxin 800mg #60 and Lidoderm 5% patches #30 were all denied by utilization review on 05/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the request for prilosec 20mg #60, the clinical documentation submitted for review did not provide any specific information regarding the ongoing use of this medication. The clinical documentation discussed effects from trigger point injections, but did not provide any additional information regarding the benefits obtained with this medication. It is unclear how this medication is providing any substantial functional improvement for the injured worker. Given the limited discussion regarding medication efficacy in this injured worker, this reviewer would not have recommended this medication request as medically necessary.

Valium 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: In regards to the request for Valium 10mg quantity 30, the clinical documentation submitted for review did not provide any specific information regarding the ongoing use of this medication. The clinical documentation discussed effects from trigger point injections, but did not provide any additional information regarding the benefits obtained with this medication. It is unclear how this medication is providing any substantial functional improvement for the injured worker. Given the limited discussion regarding medication efficacy in this injured worker, this reviewer would not have recommended this medication request as medically necessary.

Lunesta 3mg #30: 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 (Updated 05/15/2014) Eszopicolone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment.

Decision rationale: In regards to the request for Lunesta 3mg quantity 30, the clinical documentation submitted for review did not provide any specific information regarding the ongoing use of this medication. The clinical documentation discussed effects from trigger point injections, but did not provide any additional information regarding the benefits obtained with this medication. It is unclear how this medication is providing any substantial functional improvement for the injured worker. Given the limited discussion regarding medication efficacy in this injured worker, this reviewer would not have recommended this medication request as medically necessary.

Voltaren gel 300gm 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: In regards to the request for Voltaren Gel 300gm, the clinical documentation submitted for review did not provide any specific information regarding the ongoing use of this medication. The clinical documentation discussed effects from trigger point injections, but did not provide any additional information regarding the benefits obtained with this medication. It is unclear how this medication is providing any substantial functional improvement for the injured worker. Given the limited discussion regarding medication efficacy in this injured worker, this reviewer would not have recommended this medication request as medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Percocet 10/325mg quantity 120, the clinical documentation submitted for review did not provide any specific information regarding the ongoing use of this medication. The clinical documentation discussed effects from trigger point injections, but did not provide any additional information regarding the benefits obtained with this medication. It is unclear how this medication is providing any substantial functional improvement for the injured worker. Given the limited discussion regarding medication efficacy in this injured worker, this reviewer would not have recommended this medication request as medically necessary.

Skelaxin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Skelaxin 800mg quantity 60, the clinical documentation submitted for review did not provide any specific information regarding the ongoing use of this medication. The clinical documentation discussed effects from trigger point injections, but did not provide any additional information regarding the benefits obtained with this medication. It is unclear how this medication is providing any substantial functional improvement for the injured worker. Given the limited discussion regarding medication efficacy in this injured worker, this reviewer would not have recommended this medication request as medically necessary.

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: In regards to the request for Lidoderm patches 5% quantity 30, the clinical documentation submitted for review did not provide any specific information regarding the ongoing use of this medication. The clinical documentation discussed effects from trigger point injections, but did not provide any additional information regarding the benefits obtained with this medication. It is unclear how this medication is providing any substantial functional improvement for the injured worker. Given the limited discussion regarding medication efficacy in this injured worker, this reviewer would not have recommended this medication request as medically necessary.