

Case Number:	CM14-0096563		
Date Assigned:	07/28/2014	Date of Injury:	08/23/2004
Decision Date:	09/24/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/24/2014

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 Nevada. 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 records presented for review indicate that this 50-year-old gentleman was reportedly injured on August 23, 2004. The mechanism of injury is undisclosed. The most recent progress note, dated June 5, 2014, indicates that there are ongoing complaints of cervical spine pain. The physical examination demonstrated tenderness over the cervical spine paraspinal muscles, cervical facet joints, and rotator cuff muscles of the right shoulder. Paraspinal muscle spasms were noted as well as trigger points over the levator scapulae. Diagnostic imaging studies of the cervical spine revealed mild multilevel degenerative changes, canal stenosis, and disc bulges. Previous treatment includes chiropractic care and oral medications. A request was made for Norco 10/325 milligrams a quantity ninety and eight trigger point injections of the cervical paraspinal muscles and right shoulder region musculature and was not certified in the preauthorization process on June 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Trigger Point Injections of the cervical-paraspinal, right shoulder region musculature:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Colorado 2002, (Blue Cross/Blue Shield 2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Trigger Point Injections Page(s): 122 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Treatment Guidelines, support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than three months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. As such, this request for eight trigger point injections of the cervical paraspinal muscles and the right shoulder region musculature is not medically necessary.

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.