

Case Number:	CM14-0096661		
Date Assigned:	07/28/2014	Date of Injury:	03/27/2002
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
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 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 33-year-old male who reported an injury on 03/27/2002 while he was lifting a case of beer off a pallet and he felt immediate onset of intense pain in his lower back that radiated down to his knees. The diagnoses were post laminectomy syndrome of lumbar region, sacroiliitis not elsewhere classified, thoracic or lumbosacral neuritis or radiculopathy not otherwise specified, lumbar or lumbosacral disc degeneration, fasciitis not otherwise specified, and encounter for long-term use of other medications. The past treatments reported were a sacroiliac injection with efficacy not reported, a trigger point injection in 06/2013 with efficacy reported on 08/20/2013, and the injured worker had another trigger point injection 11/20/2013 with efficacy reported of good on 12/20/2013. He had another trigger point injection on 03/12/2014 and one on 05/07/2014 with no efficacy reported. Diagnostic studies were not submitted for review. Past surgeries were an L4-5 fusion on 03/26/2003. The injured worker was working full duty with work restrictions not reported. Physical examination on 07/30/2014 revealed a VAS score of 5/10. The injured worker reported stable functionality. He reported the trigger injection from May was providing relief, significantly greater than 50%, with medications. Neurological examination revealed no reports of weakness or instability. Physical examination revealed lumbar spasming and trigger point was palpated. Medications were Norco 10/325mg 1 daily, Soma 350mg on daily, OxyContin 80mg 1 in the morning and 1 in the evening, and OxyContin 10mg 1 daily. The treatment plan was to take medications as directed and lumbar trigger point injection with ultrasound guidance. The rationale was submitted for review. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 60mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule states for ongoing management for opioids an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The Guidelines have set forth 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The Morphine equivalency dosage is not to exceed 120mg daily and the injured worker is taking 255mg daily. Although the injured worker has reported pain relief and functional improvement from taking this medication, it exceeds the recommended daily milligrams of 120mg of Morphine. Therefore, the request for OxyContin 60 mg #30 with 3 refills is not medically necessary.

1 Lumbar Trigger Point Injection with Ultrasound Guidance: 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 Trigger point injections Page(s): 122.

Decision rationale: The California Medical Treatment Utilization Schedule states that trigger point injections are recommended only for myofascial pain syndrome. They are not recommended for radicular pain. Criteria for the use of trigger point injections are documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, and symptoms have persisted for more than 3 months. There should be documentation of other therapies such as stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. Radiculopathy should not be present (by exam, imaging, or neuro testing). There should be no more than 3 to 4 injections per session. No repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after the injection and there is documented evidence of functional improvement. Frequency should not be at an interval less than 2 months. Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or within steroids are not recommended. The injured worker has radiculopathy. The Guidelines state that trigger point injections are recommended only for

myofascial pain syndrome. Therefore, the request for 1 lumbar trigger point injection with ultrasound guidance is not medically necessary.