

<b>Case Number:</b>	CM14-0186024		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 56 year old male with an injury date of 07/06/09. Based on the 10/14/14 progress reports, the patient complains of thoracic back and low back pain which radiates to his bilateral lower extremities. The pain increases with prolonged sitting, standing, walking, and with bending and lifting. Lumbar MRI on 08/21/14 showed mild spinal stenosis at L2-3 and L4-5 as well as mild bilateral 5-S1 show mild to moderate bilateral neural foraminal stenosis. Thoracic spine MRI dated 08/28/14 showed slight kyphosis at T11-T12 level with minimal chronic anterior wedging of T11 and T12 vertebral bodies, and 1-2mm diffuse disc bulge. The patient underwent a urine toxicology analysis on 05/28/14, the patient tested positive for oxycodone. Physical examination shows patellar DTRs are 2+ and Achilles DTRs are 1+. Sensation is reduced in the lateral LE and there is trigger point tenderness over the T11-T12 paraspinal muscles and L5-S1 paraspinal muscles positive evidence upon palpation of a twitch response as well as referred pain. There is pain with lumbar flexion and extension and straight leg raise is positive bilaterally. Current medications are Oxycodone/acetaminophen (Percocet) for pain, tapentadol hCl, cyclobenzaprine, lacosapent Ethyl, mometasone, naproxen sodium, ketoconazole, omeprazole, diclofenac sodium, alprazolam, lido-capsaisin-men-methyl, eszopiclone, and clarinex po. His diagnoses include following:1. Lumbar degenerative disc disease (primary encounter diagnosis)2. Lumbar radiculitis3. Myalgia4. Dysthymic disorder5. Anxiety6. Chronic pain syndrome7. Thoracic DDDThe patient is authorized for a bilateral L5 selective epidural steroid injection. Trigger Point injections x 6 administered 10/14/14, for myofascial pain. The treater injected the trigger point tender sites noted in the physical exam, a total of 4 sites were injected with Lidocaine. The treating physician is requesting for Trigger Point Injection QTY: 6.00 and Percocet 10/325mg QTY: 45 per 09/18/14.

The utilization review determination being challenged is dated 10/30/14. The requesting provider provided treatment reports from 05/28/14-11/11/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg QTY: 45.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Medication for chronic pain Page(s): 88-89, 78; 60-61.

**Decision rationale:** The patient presents with thoracic back and low back pain. The request is for Percocet 10/325mg QTY 45. For chronic opiate use, the MTUS pages 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, activities for daily living (ADLs), adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Medical reports show that this patient has been on opiates for quite some time. From 5/28/14 to 9/16/14, the treater consistently documents before and after pain scales with medication showing analgesia. However, there are no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in ADL's, change in work status, or return to work attributed to use of Percocet. MTUS requires not only analgesia but documentation of ADL's and functional change. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

**Trigger Point Injections (Administered 10/14/14) QTY: 6.00:** Upheld

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

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

**Decision rationale:** The patient presents with thoracic back and low back pain. The request is for trigger point injection times 6, per 10/14/14. This report shows that the patient already was given the trigger point injections. The patient reports that "he feels that medications and injections typically do help reduce his pain." MTUS page 122 under its chronic pain section has the following regarding trigger point injections: "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... Frequency should not be at an interval less than two months." In this case, the treater documents trigger points in the paraspinal muscles which he injected. There is

no evidence that the patient has had these injections in the past. MTUS, however, only allow 4 trigger point injections per sessions and the current request is for 6 injections. Furthermore, the treater's examination findings of trigger points are not convincing in that they appear to be spread evenly throughout the paraspinal muscles. The request is not medically necessary.