

Case Number:	CM14-0188742		
Date Assigned:	11/19/2014	Date of Injury:	06/06/2006
Decision Date:	01/30/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 51 year old male with a date of injury of 06/06/2006 when he was struck and ran over by ostriches weighing approximately 150 Lbs., while he was trying to round them up. His history was significant for stenosis of the lumbar spine and status post transforaminal lumbar interbody fusion at L5-S1 in 2012. The progress note from 09/30/14 was reviewed. He had ongoing low back pain at 7-9/10 in intensity with worsening and increased spasms. He had pain in the low back that was stabbing with radiation to bilateral hips. He had numbness, tingling and burning down posterior thighs to the top of the foot and to the great toes of both feet. He continued to have anxiety, stress and depression secondary to pain. His past treatment included TFESI at right L4, L5 nerves on 08/27/14. Current medications included Norco 10/325mg 4-5 tablets per day, Prilosec 20mg two tablets daily, Ambien and Lorazepam. Objective findings included antalgic gait, walking with a cane, tenderness to palpation on lumbar musculature bilaterally, palpable spasms over right lower lumbar musculature with active triggers to right buttock, diminished sensation of the left L4, L5 and S1 dermatomes, positive SLR at right L4, L5 and S1 dermatomes with a motor strength of 5-/5 in bilateral lower extremities. Urine drug screen from 07/08/14 was consistent with his prescriptions. The note about Oxycodone being positive referred to by utilization review physician is noted in each visit in 2014. It might be from an older visit. CURES report was consistent. Last urine drug screen from 01/21/14 was consistent with his prescriptions. His diagnoses included lumbar radiculopathy, myofascial pain syndrome with active triggers, lumbago, stenosis of the lumbar spine, status post transforaminal lumbar interbody fusion at L5-S1. The request was for urine drug screen, 6 trigger point injections to the low back, TFESI on the left side at L4, L5 and S1 as well as a prescription of Hydrocodone 10/325mg #120. He was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43.

Decision rationale: MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done. The ACOEM guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as "for cause" like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. In this case, the last urine drug screen was in July and January. Hence the request for urine drug testing is medically necessary and appropriate.

6 trigger point injections to the low back: Upheld

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

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment guidelines, trigger point injections are recommended only for myofascial pain when all of the following criteria are met: documentation of circumscribed trigger points with evidence on palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxant have failed to control pain; radiculopathy is not present; not more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after 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 other than local anesthetic with or without steroid are not recommended. The employee had radiculopathy symptoms without relief from TFESI. He had trigger points, but the request was for 6 injections which was more than the recommended four. So, the request for six trigger point injections is not medically appropriate or necessary.

One TFESI on the left side at L4, L5 and S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, epidural steroid injections are recommended as an option for radicular pain in the setting of radiculopathy documented by physical examination and corroborated by imaging and/or EDS, unresponsive to conservative treatment and no more than two nerve root levels to be injected using transforaminal blocks and no more than one interlaminar level at one session. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The employee had recent TFESI and had worsening symptoms. Hence the request for TFESI at L4, L5 and S1 is not medically necessary or appropriate.

Hydrocodone 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management Page(s): 77-80.

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for lumbar radiculopathy with Hydrocodone/APAP four times a day. There was no documentation of how the medication improved the pain level or functional status. Given the lack of clear documentation on functional improvement and improvement of pain the criteria for continued use of Hydrocodone/APAP 10/325mg #120 have not been met.