MAXIMUS Federal Services

Case Number:	CM14-0190926		
Date Assigned:	11/24/2014	Date of Injury:	09/26/2006
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 California and is licensed to practice in Occupational Medicine. 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:

This gentleman sustained a work related injury on 9/26/2006. Per the Primary Treating Physician's Progress Report dated 9/25/2014 the injured worker reported chronic intermittent back pain. Symptoms were well controlled with medication. Physical Examination revealed limited active range of motion of the thoracolumbar spine. He was able to flex forward to approximately 45 degrees and to extend to ten degrees before experiencing low back pain. Straight leg test was negative and motor and sensory examinations were normal. Hip range of motion was full bilaterally. He exhibited a discrete focal tenderness located in a palpable taut band of skeletal muscle which produced local twitch in response to pressure against the band. Lateral bending was limited to 15 degrees in either direction. Diagnoses included Myofascial pain syndrome. A trigger point injection was administered in the right paralumbar area. The plan of care included medication management. Work Status was regular duty. On 11/12/2014, Utilization Review modified prescriptions for Hydrocodone-Acet (Norco) 10/325mg 1 tab q4-6hrs pm #60 and Trigger Point Injection (x1) with Ketorolac based on lack of documented functional improvement or medical necessity. The Official Disability Guidelines and MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection (x1) with Ketorolac: 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: MTUS Guidelines are very specific in recommending that only an anesthetic with/without a steroid is recommended for trigger point injections. There is no Guideline support for injecting an NSAID into a trigger point. The trigger point injection with Ketorolac (X1) is not supported by Guidelines and is not medically necessary.

Hydrocodone-Acet (Norco) 10/325mg 1 tab q4-6hrs pm #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to Continue Page(s): 80.

Decision rationale: MTUS Guidelines support the careful and rational use of opioid medications if there is pain relief and functional improvements. Guidelines specifically state that continued opioid use is appropriate if they have facilitated a return to work. This individual meets Guideline criteria for the continued use of opioid medications. There is no evidence of medication related aberrant behaviors, good pain relief is documented and the individual has returned to customary work duties. The Hydrocodone- Acet (Norco) 10/325 1 tab q4-6hrs pm #60 is medically necessary.