

Case Number:	CM14-0193993		
Date Assigned:	12/19/2014	Date of Injury:	11/05/2002
Decision Date:	01/16/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 11/05/02 when she slipped and fell on a wet floor landing on her buttocks. Treatments included medications and physical therapy. She underwent placement of a spinal cord stimulator and an occipital nerve stimulator. She developed episodic difficulty speaking and hoarseness after a spinal cord stimulator revision. She was seen by the requesting provider on 02/03/14. She was having ongoing neck and radiating upper extremity pain. Pain was rated at 7/10. She was requesting trigger point injections referenced as consistently providing 50% pain relief lasting for two weeks with improved sleep. Physical examination findings included appearing in distress. She was noted to ambulate slowly and used a cane. There was cervical and thoracic paraspinal muscle rigidity with cervical paraspinal muscle tenderness. She had decreased upper extremity grip strength and sensation. There was decreased cervical spine range of motion. Trigger point injections were performed. On 03/04/14 she was requesting a cervical epidural injection. A prior injection in May 2012 had provided 60% pain relief lasting for 2-3 months. Prior treatments referenced include cervical radiofrequency ablation. Authorization for the epidural injection was requested. On 04/02/14 trigger point injections were again requested and were performed. Medications were refilled. On 10/08/14 her stimulator had stopped functioning and authorization for revision had been received. Medications are referenced as allowing the claimant to be as functional as possible and participate in a home based physical therapy program. Physical examination findings appear unchanged. Trigger point injections were performed. Norco 10/325 mg four times per day, Fexmid 7.5 mg 1-2 times per day, Xanax 0.5 mg as needed, and Prilosec 20 mg two times per day, were refilled. Norco 10/325 mg #60 was also prescribed for expected post-operative pain after then planned revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic radiating neck pain. Treatments have included trigger point injections with benefit lasting two weeks and medications. Norco is being prescribed on a long term basis. An additional prescription for Norco was provided in anticipation of spinal cord stimulator revision surgery. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescription of Norco 10/325mg #120 was medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic radiating neck pain. Treatments have included trigger point injections with benefit lasting two weeks and medications. Norco is being prescribed on a long term basis. An additional prescription for Norco was provided in anticipation of spinal cord stimulator revision surgery. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed prior to a planned spinal cord stimulator revision. Guidelines recommend an assessment of pain and response to treatments before prescribing opioid medication. In this case, the c has not undergone the planned procedure and her degree of post-operative pain cannot be predicted. Additionally, a therapeutic trial of opioids should not be employed unless there is failure of a trial of non-opioid analgesics. Therefore, the prescription for Norco 10/325mg #60 was not medically necessary.

1 trigger point injection of 100 cc 0.25 %Bupivacaine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Trigger point injections (TPIs)

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic radiating neck pain. Treatments have included trigger point injections with benefit lasting two weeks and medications. Norco is being prescribed on a long term basis. An additional prescription for Norco was provided in anticipation of spinal cord stimulator revision surgery. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the requesting provider documents improvement last for only two weeks and therefore repeat trigger point injections were not medically necessary.