

Case Number:	CM14-0196798		
Date Assigned:	12/04/2014	Date of Injury:	02/05/2008
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine 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 (IW) is a 52-year-old woman with a date of injury of October 2, 2014. The mechanism of injury occurred when the IW slipped and fell on her right side. The IW has been diagnosed with discogenic lumbar condition with MRI showing stenosis from L3 to S1; Depression; sleep disorder; anxiety; acid reflux; neurogenic bladder; and sexual dysfunction. Prior treatments have included physical therapy; and chiropractic therapy in 2008 and 2009; trigger point injections; epidural injection in 2009; EMG in early 2012; medications; Functional Restoration Program in 2012; psychotherapy sessions; and TENS unit. Pursuant to a progress note dated October 2, 2014, the IW complains of back pain. Objective physical findings reveal flexion is 20 degrees, extension is 0 degrees and tilting is 10 degrees. Rotation is limited. Reflexes are absent. She has weakness to resisted function in lower extremities. She cannot do Milgram test. (The body part tested is not documented in the physical exam). The treatment plan recommendations include; attempt to get authorization for a spinal cord stimulator, renew Naproxen, and add Nalfon 400mg to her medication regimen. Documentation indicates that the IW has been taking since Naproxen since at least June of 2014. The IW under went a trigger point injection in May of 2014, which only provided a few days of relief according to documentation. The current request is for Nalfon 400mg #60, and trigger point injections (area not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nalfon 400 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern associated with nonsteroidal anti-inflammatory drugs are the adverse effects. Nonsteroidal anti-inflammatory effects can cause gastrointestinal side effects as well as cardiovascular side effects. In this case, the injured worker is 52 years old with an injury date of February 5, 2008. The injured worker received physical therapy, chiropractic therapy, trigger point injections, epidural injections, an MRI and EMG in addition to medications. There was also a functional restoration program in 2010 and psychotherapy sessions times 6. A progress note in June 5 of 2014 indicates the injured worker was taking Naproxen. Progress note from August 7, 2014 indicates the injured worker was taking Naproxen; September 5, 2014 the injured worker was taking Naproxen. On October 2, 2014 the treating physician added Nalfon to the drug regimen with Naproxen. The injured worker was taking two nonsteroidal anti-inflammatory drugs simultaneously. There is no documentation in the medical record reflecting a clinical indication or clinical rationale for the use of both nonsteroidal anti-inflammatory drugs. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no medical indication for two nonsteroidal anti-inflammatory drugs given simultaneously. Consequently, Nalfon 400 mg #60 is not medically necessary.

Trigger point injections: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Trigger Point Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injections are not medically necessary. Trigger points are recommended for myofascial pain syndrome. The criteria for trigger point injections are enumerated in the ODG. The criteria include, but are not limited to, documentation of circumscribed trigger points with evidence upon palpation of the twitch response as well as referred pain; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after an injection and there is documented evidence of functional improvement; etc. see guidelines for additional details. In this case, the injured worker is 52

years old the date of injury February 5, 2008. The injured worker received physical therapy, chiropractic therapy, trigger point injections, epidural injections, an MRI and EMG in addition to medications. There is also a functional restoration program in 2010 and psychotherapy sessions times 6. A progress note dated May 14, 2014 indicates the injured worker received a trigger point injection that provided a few days of relief. Additionally, the physical examination dated October 2, 2014 not contain any physical examination indicating circumscribed trigger point are present. Also, the request for trigger point injections is nonspecific. The location is not documented in medical record. Consequently, at the appropriate clinical indication, required trigger points on physical examination, and the location for the injection, trigger point injections are not medically necessary.