

Case Number:	CM14-0207958		
Date Assigned:	12/19/2014	Date of Injury:	01/22/2002
Decision Date:	02/12/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 55 year old male who was injured on 1/22/2002 while lifting a heavy laundry bin. He was diagnosed with lumbar sprain/strain and cervical sprain/strain. He was treated with medications, acupuncture, physical therapy, surgery (cervical), and spinal cord stimulator. He, however, continued to experience chronic neck pain. On 11/26/14, the worker was seen by his primary treating physician reporting persistent neck pain with radiation to his arms and headaches. He reported having pain levels around 7/10 on the pain scale with the use of his medications (Percocet, OxyContin, Neurontin, Ambien, Protonix, Cymbalta, Fiorinal). He reported being able to perform some activities around the house, but mostly outside activities such as going to the store or taking the garbage out. He reported persistent difficulty with cooking and cleaning, or anything that requires some constantly bending forward or repetitive use of his arms. Physical examination revealed trigger points along posterior cervical musculature, and upper trapezius and medial scapular regions bilaterally. He was then recommended and given trigger point injections in his neck and upper back area and his medications were then refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Percocet is only recommended to be used at the most frequent every 6 hours for breakthrough pain, but the worker in this case was reportedly taking it 8 times in a day. Although there was some evidence to suggest part of the above review for opioid use was completed, there was insufficient evidence to show direct functional benefit from the Percocet use independent of his other medications and modalities (spinal simulation). Due to the request being for more than standard frequency and insufficient evidence of benefit, Percocet 10/325 mg #240 is not medically necessary.

Retrospective: Trigger point injection for the cervical spine only QTY: 4.00 (DOS: 11/26/14): Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, although there was evidence of trigger points in the cervical region, he had received 4 trigger point injections on 11/6/14 only a few weeks prior to the repeat injections on 11/26/14, which is too close to meet the criteria for repeat injections in that area. Therefore, the requested trigger point injections are not medically necessary.

