

Case Number:	CM15-0000330		
Date Assigned:	02/20/2015	Date of Injury:	06/04/2010
Decision Date:	05/20/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 38-year-old male who reported an injury on 06/04/2010. The mechanism of injury reportedly occurred while unloading trailers as well as having several heavy objects fall on top of him. Medications included Duragesic mcg/hr patch 1 patch every 72 hours, gabapentin 800 mg 1 tablet 3 times a day, lidocaine 5% ointment apply up to 3 times a day as needed, Norco 10/325 mg 1 tablet 4 times a day as needed, omeprazole 40 mg 1 tablet daily, baclofen 10 mg 1 tablet 3 times a day as needed, and naproxen 550 mg 1 tablet twice a day as needed. The injured worker had L5-S1 and S1 medial branch radiofrequency on 01/23/2013. Diagnostic studies included a CT scan on 03/11/2014 that revealed a central disc protrusion at L4-5, resulting in mild central canal stenosis and mild bilateral neural foraminal narrowing. The injured worker had other therapies to include medication, physical therapy, and injections. His diagnoses included lumbosacral spondylosis without myelopathy, cervicgia, myalgia and myositis not otherwise specified, chronic pain syndrome, dysthymic disorder, tobacco use disorder, osteoarthritis not otherwise specified/unspecified site, cervical spondylosis without myelopathy, lumbar or lumbosacral disc degeneration, sleep disturbance not otherwise specified, and encounter for long-term use of other medications. On 11/07/2014, the patient complained of chronic pain. On exam, the musculoskeletal revealed palpation of the region reveals prominent areas of tenderness in the region concordant upon deep palpation results in distal radiation of the pain with decreased range of motion. The injured worker exhibited reduced stability in his joints, decreased muscle strength in hip flexor muscles, quadriceps, great toe extensor muscles, and plantar flexor muscles. The injured worker palpable taut bands in the area of pain and

appeared to have soft tissue dysfunction and spasm in the lumbar paraspinal region, and evidence of cervical dystonia. The injured worker displayed a notable head tilt with an asymmetry from the midline and painful contractions causing pain in the neck and thoracic spine. Straight leg raise of the affected side reproduced radicular symptoms and lateral rotation and extension of the spine produced concordant pain in the affected area. Romberg's test was abnormal and sensation of the region revealed decreased sensation throughout the affected area. The injured worker had conservative treatment in the form of a medication regimen with reports of appropriate degrees of pain relief, thus increasing a higher degree of daily function. The injured worker had 95% relief for a year from his bilateral lumbar radiofrequency operation on 01/22/2013. Other therapies were noted to include 45 physical therapy sessions and injections. The Request for Authorization form and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection with ultrasound for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of 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 request for a trigger point injection with ultrasound for the lumbar spine is not supported. The injured worker has a history of chronic pain syndrome. The California MTUS Guidelines state criteria should be met for trigger point injections, such as documentation of circumscribed trigger points with evidence upon palpation of a twitch response. There should be referred pain symptoms and symptoms that have persisted for more than 3 months. There should be documentation of ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants that have failed to control pain. There should be a lack of documentation of radiculopathy present. There should be imaging or neural testing. Although it was noted that that the injured worker received over a year's time of relief from the radiofrequency operation, the examination of the injured worker did not reveal evidence upon palpation of a twitch response as well as referred pain. It was noted that the injured worker had a previous injection therapy. The medical necessity has not been established based on the provided documentation. As such, this request is not medically necessary.

Baclofen 10mg #90 with 2 refills: Upheld

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 Muscle relaxants Page(s): 63-64.

Decision rationale: The request for baclofen 10 mg #90 with 2 refills is not supported. The injured worker has a history of chronic pain syndrome. The California MTUS Guidelines state non-sedating muscle relaxants with caution as a second line option for the short treatment of acute exacerbations in patients with chronic low back pain. Although the injured worker was noted to have muscle spasms, the documentation does not show how long the injured worker has been using baclofen. The guidelines recommend for a short period of time. The guidelines do recommend weaning of muscle relaxants. The medical necessity has not been established based on the provided documentation. There was a lack of documentation of the frequency of the medication that was to be taken within the request. As such, the request is not medically necessary.

Naproxen Sodium 550mg #60 with 2 refills: Upheld

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 NSAIDS Page(s): 68-69.

Decision rationale: The request for naproxen sodium 550 mg #60 with 2 refills is not supported. The injured worker has a history of chronic pain syndrome. The California MTUS Guidelines state nonsteroidal anti-inflammatory medications are recommended for acute exacerbations of chronic pain and as a short-term option for treatment of symptomatic chronic low back pain. There was a lack of documentation as to the length of time the injured worker has been on said medication. The guidelines recommend for short-term use. Medical necessity has not been established based on the provided documentation. There was a lack of documentation of the frequency within the request. As such, the request is not medically necessary.

Omeprazole DR 40mg #30 with 2 refills: Upheld

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 NSAIDS Page(s): 68-69.

Decision rationale: The request for omeprazole DR 40 mg #30 with 2 refills is not supported. The injured worker has a history of chronic pain syndrome. The California MTUS Guidelines state a proton pump inhibitor is recommended for patients at immediate risk for gastrointestinal events and/or no cardiovascular disease. There was a lack of documentation of how long the injured worker has been on said medication. There was a lack of documentation of complaints of gastrointestinal events. Medical necessity has not been established based on the provided documentation. As such, this request is not medically necessary.