

Case Number:	CM15-0000697		
Date Assigned:	01/13/2015	Date of Injury:	02/11/2009
Decision Date:	03/13/2015	UR Denial Date:	01/02/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported an injury on 02/11/2009. She hit her right lower leg with a sliding door, she fell out of a van and landed on the ground. The clinical note dated 12/01/2014 noted the injured worker complains of neck and low back pain. Surgical history included a lumbar epidural, right fibular fracture repair and screw fixation, and left bunionectomy. The diagnoses were cervical sprain, cervical degenerative disc disease/radiculopathy, and lumbar degenerative disc disease/radiculopathy. Upon examination, there was tenderness to palpation over the L3-S1 bilateral paraspinal muscles and left sciatic notch piriformis and sacroiliac joints. There is decreased sensation to light touch and pinprick in the bilateral C7-8 and left L4-5 and L5-S1 dermatomes. There is 2+ deep tendon reflexes. The treatment plan included a discontinuation of Tylenol No. 3 and beginning Ultracet with a quantity of 60 and continuation of Relafen 500 mg, Flexeril 10 mg, and gabapentin 300 mg. The provider recommended Tylenol No. 3, Flexeril, trigger point injection, and hot/cold therapy with a bilateral hand splint. There is no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Tylenol #3 30 is not medically necessary. The California MTUS Guideline recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. The provider recommended a discontinuation of Tylenol No. 3 on the 12/01/2014 note. There is no evidence of a current urine drug or a recently signed pain contract. Additionally, the efficacy of the prior use of the medication was not provided to support continued use. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: The request for Flexeril 10mg #30 is not medically necessary. The California MTUS Guidelines recommend Flexeril is an option for a short course of therapy. The greatest effect of this medication is in within the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The injured worker has been prescribed Flexeril since at least 12/01/2014. The provider's request for Flexeril 10 mg with a quantity of 30 exceed the guideline recommendation of a short term therapy. The provided medical records lack documentation of significant objective functional improvement with the use of the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Consultation for trigger point injections cervical/lumbar spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit.

Decision rationale: The request for consultation for trigger point injections cervical/lumbar spine is not medically necessary. The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome and it has limited lasting value. It is not recommended for radicular pain. There should be evidence of a circumscribed trigger point with evidence upon palpation of a twitch response, as well as referred pain, persistent symptoms for at least 3 months, and evidence that there has been a failed trial of conservative therapy to include medical management, ongoing stretching, and physical therapy. There should not be any radiculopathy present on physical exam or more than 3 to 4 injections per session. The Official Disability Guidelines note that an office visit is used for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, and clinical stability, with reasonable physician judgment. The injured worker does not have physical exam findings congruent with the guideline recommendations of a trigger point injection. There is no evidence of a circumscribed trigger point with a twitch response noted. As the injured worker does not have physical exam findings within the criteria recommended by the guidelines for trigger point injection, a consultation would not be indicated. As such, medical necessity has not been established.

Bilateral cock up hand splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The request for bilateral cock up hand splints is not medically necessary. The California MTUS/ACOEM Guidelines state that prolonged splinting leads to weakness and stiffness. Physical exam findings lack evidence of functional deficits noted to the bilateral hands. Additionally, the referenced guidelines do not recommend hand splints and state that prolonged splinting may lead to weakness and stiffness. As such, medical necessity has not been established.

Ice and Heat Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Cold / Heat Packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The request for ice and heat therapy is not medically necessary. California MTUS/ACOEM Guidelines state that at home applications of heat and ice may be recommended in the first few days of acute complaint. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal

function. The injured worker is past the acute state for pain. Cold therapy may not be indicated; however, heat therapy is found to be helpful for pain reduction and return to normal function. As the injured worker is past the acute phase, therapy would not be indicated. Additionally, the provider's request does not indicate the site at which the ice and heat therapy is indicated for in the request as submitted. As such, medical necessity has not been established.