

Case Number:	CM15-0005750		
Date Assigned:	01/26/2015	Date of Injury:	10/12/2004
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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: Emergency Medicine

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 41 year old male, who sustained an industrial injury on October 12, 2004. He has reported low back, abdominal and testicular pain. The diagnoses have included abdominal pain, lumbosacral disc degeneration, spondylosis and sacroiliitis. Treatment to date has included abdominal and inguinal hernia repair and oral medications. Currently, the IW complains of abdominal and low back pain. Treatment includes physical therapy, ice, trigger point injection, topical and oral medications. On December 17, 2014 utilization review non-certified a request for Retrospective request for Trigger point injections with ultrasound guidance (DOS: 11/19/14) and Zanaflex 4mg #30 with 2 refills and modified a request for Norco 10/325mg #110. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain and American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Trigger point injections with ultrasound guidance (DOS: 11/19/14): 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 122. Page(s): Page 122.

Decision rationale: The requested Retrospective request for Trigger point injections with ultrasound guidance (DOS: 11/19/14), is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The injured worker has low back, abdominal and testicular pain. The treating physician has not documented a twitch response on physical exam. The criteria noted above not having been met, Retrospective request for Trigger point injections with ultrasound guidance (DOS: 11/19/14) is not medically necessary.

Norco 10/325mg, #110: 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, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Norco 10/325mg, #110, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back, abdominal and testicular pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg, #110 is not medically necessary.

Zanaflex 4mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66 Page(s): Pages 63-66.

Decision rationale: The requested Zanaflex 4mg #30 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back, abdominal and testicular pain. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg #30 with 2 refills is not medically necessary.