MAXIMUS Federal Services

Case Number:	CM15-0009963		
Date Assigned:	01/27/2015	Date of Injury:	05/12/2006
Decision Date:	03/18/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained a work related injury on 5/12/06. The diagnoses have included cervicalgia, cervical post-laminectomy syndrome, lumbar spondylosis, chronic post-traumatic headache and lumbago. Treatments to date have included oral pain medication, radiofrequency neurotomy right 3rd occipital nerve and C3 deep medial branch nerve right C2-3 facet joint, cervical spine surgery and trigger point injections x 8. The injured worker complains of neck, upper and lower back pain and suboccipital headaches. He complains of muscle spasms in neck and upper back. He rates all the pain a 5-8/10. He has decreased range of motion in neck, upper and lower back. He has tenderness to touch in neck, upper and lower back to palpation. On 1/13/15, Utilization Review modified a prescription request for Norco 10/325mg. #120 to Norco 10/325mg. #20. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/13/15, Utilization Review non-certified a request for 1 series of 8 trigger point injections. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for several years without objective documentation of the improvement in pain and function. The patient continues with pain despite treatment. There is no documentation of three of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning. The patient did have consistent urine drug screens. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

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 rationale: The trigger point injections are not medically necessary. According to MTUS guidelines, it is not recommended for typical back pain or neck pain or radicular pain. The patient does not have documented failure from all medical management therapies. Trigger point injections are not recommended for radiculopathy. The patient also had no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the request is considered not medically necessary.