

Case Number:	CM15-0104978		
Date Assigned:	06/09/2015	Date of Injury:	08/23/2003
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/01/2015

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: Preventive Medicine, Occupational 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 45-year-old female, who sustained an industrial injury on 8/23/03. She reported pain in her neck, lower back and right knee. The injured worker was diagnosed as having T11 compression fracture, cervicogenic headaches, chronic pain syndrome, right knee internal derangement and right upper extremity C6-C7 radiculopathy. Treatment to date has included a lumbar epidural injection on 5/15/14 with 50% pain relief for 3 months, a right knee MRI showing a partial tear of the posterior cruciate ligament and Botox injection to the neck on 11/12/14. Current medications include Fioricet, Meclizine and Baclofen (since at least 11/12/14), Norco, Cymbalta, Trazodone, Ambien, Xanax and Wellbutrin. As of the PR2 dated 5/8/15, the injured worker reports increased right knee pain, lower back pain and neck pain. She rates her lower back pain a 7/10. Objective findings include decreased lumbar range of motion, decreased patellar reflex on the left at 1/4, right knee crepitus with movement and a positive McMurray's sign. The treating physician requested a right knee corticosteroid injection with 10cc of 5% Bupivacaine and 60 mg of Kenalog, 4 trigger point injections with 10cc of 0.25% Bupivacaine, Baclofen 10mg #60, Fioricet #90 and Meclizine 225mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Corticosteroid Injection with 10cc of 0.5% Bupivacaine and 60mg of Kenalog:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Corticosteroid injections.

Decision rationale: The Official Disability Guidelines recommend corticosteroid injections into the knee for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. The patient must have documented symptomatic severe osteoarthritis of the knee, and at least 5 of 9 criteria specified by any American College of Rheumatology. The medical record is lacking in documentation of the required criteria. The request is not medically necessary.

4 Trigger Point Injections with 10cc of 0.25% Bupivacaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. The patient has documented radicular pain and recent prior trigger point injections were neither effective, nor long-lasting. 4 Trigger Point Injections with 10cc of 0.25% Bupivacaine are not medically necessary.

1 prescription for Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: The MTUS recommends Baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. 1 prescription for Baclofen 10mg #60 is not medically necessary.

1 prescription for Fioricet #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The Official Disability Guidelines do not recommended Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuses as well as rebound headache. 1 prescription for Fioricet #90 is not medically necessary.

1 prescription for Meclizine 225mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Promethazine (Phenergan).

Decision rationale: Meclizine is an over-the-counter medication that prevents and controls nausea, vomiting, and dizziness caused by motion sickness. It also treats vertigo caused by ear problems. The MTUS or the ODG do not directly address meclizine, but discuss promethazine, a drug of the same class and indications. The Official Disability Guidelines state that promethazine is not recommended for nausea and vomiting secondary to chronic opioid use; consequently, meclizine cannot be recommended for nausea and vomiting secondary to chronic opioid use. 1 prescription for Meclizine 225mg #60 is not medically necessary.