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| Case Number: | CM15-0107379 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 11/22/2001 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/19/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50 year old male, who sustained an industrial injury on 11/22/01. He has reported initial complaints of neck, back and left palmar hand pain after injury at work. The diagnoses have included chronic pain syndrome, major depressive disorder, obesity, lumbar stenosis with radiculopathy, cervical spondylosis, left upper extremity Complex regional pain syndrome (CRPS) , bilateral carpal tunnel syndrome, and bilateral adhesive capsulitis of both shoulders. Treatment to date has included medications, activity modifications, off work, diagnostics, consultations, trigger point injections, physical therapy, psychologist, chiropractic, acupuncture, Transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the physician progress note dated 2/17/15, the injured worker complains of left foot numbness, left hand pain, right wrist pain and low back pain that has exacerbated. He is also complaining of headaches since being hospitalized with bacterial meningitis. The objective findings included right periscapular tenderness, diffuse lumbar spine tenderness, multiple trigger point noticeable with positive twitch sign upon palpation of the lumbar spine, positive left wrist Tinel and Finkelstein test and the gait is antalgic using a walker to ambulate. The physician noted that he had trigger point injection with 70 percent improvement last visit and now he has exacerbated back pain. The injured worker was given right periscapular and bilateral multifidus trigger point injections and it was tolerated well. The current pain medications included Norco, Gabapentin and Prozac. There is no previous diagnostic reports noted in the records and no previous therapy sessions were noted. The physician requested

treatments included one prescription of Norco 10mg #60 and Right periscapular and bilateral multifidus trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for One prescription of Norco 10mg #60 is not medically necessary.

Right periscapular and bilateral multifidus trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band . . . For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (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 medical documentation provided indicate this patient has previous trigger point injections on 08/2014, which only provided pain relief for one week, which does not meet guideline recommendations for repeat injections. As such, the request for Right periscapular and bilateral multifidus trigger point injections is not medically necessary.