

<b>Case Number:</b>	CM15-0109101		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	12/28/2004
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Texas, California  
 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 44 year old male who sustained an industrial injury on 12/28/2004. Diagnoses include status post lumbar decompression of L4 through S1 for disc herniation at L4-5, and L5-S1, plus fusion of L5-S1 for instability of L5-S1, insomnia, depression and anxiety secondary to chronic pain, and exogenous obesity. Treatment to date has included diagnostic studies, status post lumbar decompression of L4 through S1 and fusion of L5-S1, medications, trigger point injections, and steroid injections. Medications include Norco, Prozac, Flexeril and Gabapentin, and she ran out of these medications. A physician progress note dated 04/21/2015 documents the injured worker complains of pain in her back. She is having severe pain in the back radiating to the left leg. She is not working and she is not on therapy. She is very stiff and guarded. Straight leg raising test is positive on the left sitting and positive on both lying and sitting on the right. Motor and sensory are generalized decreased at L4-S1, more on the left than the right. Treatment plan includes renewal of Prozac for her depression and was given an injection of 1cc of Depo-Medrol, 3cc of Xylocaine and Marcaine into her lower lumbar area around L4 bilaterally, which helped to relieve some of her pain immediately. She has also had a urine drug screen with this visit. Treatment requested is for 1 Lumbar trigger point injection, and 1 prescription of Norco 10/325mg #60. Patient had received lumbar ESIs for this injury. The patient has had an EMG study of the LE in 2004 that revealed no radiculopathy. The patient has had urine drug screen on 3/3/15 that was positive for opioid

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 Criteria For Use Of Opioids Therapeutic Trial of Opioids.

**Decision rationale:** Request: prescription of Norco 10/325mg #60. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids (like tramadol) and other non opioid medications, without the use of norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of prescription of Norco 10/325mg #60 is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

**1 Lumbar trigger point injection: 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 122.

**Decision rationale:** Lumbar trigger point injection Trigger point injections, page 122. MTUS Chronic Pain Guidelines regarding Trigger point injections state, Recommended only for

myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: (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. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. He had received trigger point injections for this injury. Any evidence of a greater than 50% pain relief for six weeks from previous injections and evidence of functional improvement was not specified in the records provided. The detailed response to previous trigger point injections for this injury was not specified in the records provided. The notes of previous trigger point injections documenting significant functional progressive improvement was not specified in the records provided. Rationale for repeating trigger point injections for this injury was not specified in the records provided. In addition there is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. The request for Lumbar trigger point injection is not medically necessary in this patient.