

Case Number:	CM15-0013120		
Date Assigned:	02/13/2015	Date of Injury:	09/01/2001
Decision Date:	04/16/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/22/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male who reported an injury on 09/01/2001. The mechanism of injury was not stated. The current diagnoses include lumbar postlaminectomy syndrome, bilateral lower extremity radiculopathy, status post lumbar interbody fusion in 2007 with revision in 2009, status post posterior fusion hardware removal in 2010, medication induced gastritis, and reactionary depression/anxiety. The injured worker presented for a follow-up evaluation on 10/27/2014. It was noted that the injured worker had been treated with several medications and was requesting trigger point injections for the lumbar spine, as they have previously provided 50% of lasting relief. The current medication regimen includes Norco 10/325 mg, OxyContin 10 mg, Cymbalta 60 mg, Soma 350 mg, Colace 100 mg, Doral 15 mg, Lyrica 100 mg, and Xanax 0.25 mg. Upon examination, there was limited range of motion of the lumbar spine, diminished Achilles reflexes bilaterally, 4+/5 motor weakness bilaterally, tenderness to palpation with increased muscle rigidity, numerous trigger points, muscle guarding, and decreased sensation along the posterior lateral thigh in the L5-S1 distribution with a positive straight leg raise on the right at 60 degrees. Recommendations at that time included continuation of the current medication regimen, as well as trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Doral 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines do not recommend long-term use of benzodiazepines because long term efficacy unproven and there is a risk of dependence. In this case, the injured worker has continuously utilized the above medication for an unknown duration. It was also noted that the injured worker was concurrently utilizing Xanax 0.25 mg. The medical necessity for 2 separate benzodiazepines has not been established. Guidelines do not support long-term use of this medication. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication for an unknown duration. Guidelines would not support long-term use of muscle relaxants. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Retrospective request for trigger point injections x 4: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome. Repeat injections are not recommended unless there is a greater than 50% pain relief for 6 weeks. There should be documentation of functional improvement. In this case, there was no evidence of a failure of ongoing stretching exercises, physical therapy, or NSAIDs. Additionally, there was no evidence of objective functional improvement for 6 weeks following the initial procedure. The request as submitted also failed to indicate a specific body part. Given the above, the request is not medically appropriate.

