

Case Number:	CM15-0140575		
Date Assigned:	07/30/2015	Date of Injury:	03/23/2009
Decision Date:	08/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 56 year old male who sustained an industrial injury on 3-23-09. He had complaints of pain to his cervical spine, right shoulder, right hip and right lower extremity. He was diagnosed with a splenic rupture, cervical sprain, lumbar sprain, soft tissue contusion of right thigh/leg, rotator cuff impingement, right shoulder, rotator cuff tear/tendinosis bilateral shoulders and rule out ac joint separation. Treatments include medications, physical therapy, injections and surgery. Progress report dated 6/9/15 reports ongoing complaints of pain in his neck that radiates down into the right arm to the hand. He has lower back pain that radiates into the right buttock and right leg. The right knee is very painful and he is having difficulty weight bearing on it. His pain is rated 8-9 out of 10 without medication and is reduced to 3-4 out of 10 with medication. Diagnoses include: multiple-level cervical disc herniation with severe neck spasms, status post splenectomy, status post right shoulder arthroscopic subacromial decompression, rotator cuff debridement, depression and anxiety due to chronic pain. Plan of care includes: trigger point injection given to right knee today, schedule cervical epidural injections, continue current medications. Medications prescribed this visit include orphenadrine er 100 mg 1 twice per day, #60, Xanax 1 mg 1 twice per day, #60 wellburin XL 300 mg 1 per day, #30 and percocet 10-325 mg 1 every 6 hours as needed, #90. Work status: temporarily totally disabled. Return for follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 knee trigger point injection using a combo of 9cc Lidocaine and 1cc Methylprednisolone: Upheld

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

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

Decision rationale: Regarding the request for trigger point injection, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination (defined as circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) when symptoms have persisted for more than three months and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Within the documentation available for review, there are no physical examination findings consistent with trigger points. In the absence of such documentation, the requested trigger point injection is not medically necessary.

Orphenadrine ER 100mg #60, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for orphenadrine ER, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested orphenadrine ER is not medically necessary.

Xanax 1mg #60, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.