MAXIMUS Federal Services

Case Number:	CM15-0141959		
Date Assigned:	07/31/2015	Date of Injury:	02/28/2014
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/21/2015

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

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 34 year old female, who sustained an industrial injury on 2-28-14. The injured worker has complaints of low back pain that radiates into both legs. There is tenderness to palpation bilaterally about the paralumbar musculature and there also appears to be quite of spasm in the paralumbar musculature and there were multiple trigger point areas noted. The documentation noted straight-leg-raise test is positive bilaterally. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included trigger point injections; gabapentin; hydrocodone-acetaminophen and ibuprofen. The request was for retrospective, ibuprofen-hydrocodone 200-7.5mg, #120 (dispensed 6-17-15) and retrospective, injection 1 unit; marcaine .5% 2 units, ketoralac 2 units, dexamethasone 2 units to paralumbar musculature (dispensed 6-17-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Ibuprofen/hydrocodone 200/7.5mg, #120 (Dispensed 6/17/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids, page 74-96, NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. Additionally, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAIDs functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Retro: Ibuprofen/hydrocodone 200/7.5mg, #120 (Dispensed 6/17/15) is not medically necessary and appropriate.

Retro: Injection tendon 1 unit; Marcaine .5% 2 units, Ketoralac 2 units, Dexamethasone 2 units to Paralumbar Musculature (Dispensed 6/17/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs of positive leg raises and diagnosis which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been

established and does not meet guidelines criteria. The Retro: Injection tendon 1 unit; Marcaine .5% 2 units, Ketoralac 2 units, Dexamethasone 2 units to Paralumbar Musculature (Dispensed 6/17/15 is not medically necessary and appropriate.