

Case Number:	CM15-0147979		
Date Assigned:	08/11/2015	Date of Injury:	11/21/1998
Decision Date:	09/21/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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: Emergency 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 November 21, 1998. The injury occurred while the injured worker was lifting a gurney with a co-worker. The co-worker dropped his side of the gurney and the gurney fell on the injured worker. The injured worker experienced neck, left knee and low back pain. The medical records also noted a prior date of injury, May 14, 1996, in which the injured worker sustained a low back and left knee injury. The diagnoses have included cervical post-laminectomy syndrome, chronic pain syndrome and lumbar post-laminectomy syndrome. Treatment and evaluation to date has included medications, radiological studies, computed tomography scan, MRI, electrodiagnostic studies, trigger point injections, epidural steroid injections, cervical spine surgery and lumbar spine surgery. Work status was noted to be permanent and stationary. The current work status was not identified. Current documentation dated July 7, 2015 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities. The pain was characterized as constant, burning and tingling. Associated symptoms included weakness and numbness. The injured worker also noted constant neck pain radiating to the bilateral upper extremities. Examination of the lumbar spine revealed tenderness and a painful range of motion. Cervical spine examination revealed tenderness to palpation over the paracervical muscles and the trapezius and rhomboid and trapezius muscles trigger point pain. Range of motion was painful and decreased. The treating physician's plan of care included requests for MS Contin 60 mg # 90, Norco 10-325 mg # 180 and retrospective trigger point injections with the date of service 7-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin 60 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested MS (morphine sulfate) Contin 60 mg Qty 90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation to the bilateral lower extremities. The pain was characterized as constant, burning and tingling. Associated symptoms included weakness and numbness. The injured worker also noted constant neck pain radiating to the bilateral upper extremities. Examination of the lumbar spine revealed tenderness and a painful range of motion. Cervical spine examination revealed tenderness to palpation over the paracervical muscles and the trapezius and rhomboid and trapezius muscles trigger point pain. Range of motion was painful and decreased. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MS (morphine sulfate) Contin 60 mg Qty 90 is not medically necessary.

Norco 10/325 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg Qty 180 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation to the bilateral lower extremities. The pain was characterized as constant, burning and tingling. Associated symptoms included weakness and numbness. The injured worker also noted constant neck pain radiating to the bilateral upper extremities. Examination of the lumbar spine revealed tenderness and a painful range of motion. Cervical spine examination revealed tenderness to palpation over the paracervical muscles and the trapezius and rhomboid and trapezius muscles trigger point pain. Range of motion was painful and decreased. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities

of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg Qty 180 is not medically necessary.

Trigger point injections, (retrospective DOS 07/07/15), Qty 1: Upheld

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

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

Decision rationale: The requested Trigger point injections, (retrospective DOS 07/07/15), Qty 1, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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 injured worker has low back pain with radiation to the bilateral lower extremities. The pain was characterized as constant, burning and tingling. Associated symptoms included weakness and numbness. The injured worker also noted constant neck pain radiating to the bilateral upper extremities. Examination of the lumbar spine revealed tenderness and a painful range of motion. Cervical spine examination revealed tenderness to palpation over the paracervical muscles and the trapezius and rhomboid and trapezius muscles trigger point pain. Range of motion was painful and decreased. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the criteria percentage or duration of relief from previous injections. The criteria noted above not having been met, Trigger point injections, (retrospective DOS 07/07/15), Qty 1 is not medically necessary.