

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0163921 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 05/19/2005 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 07/22/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 47 year old male, who sustained an industrial injury on 5-19-05. He reported a low back injury. The injured worker was diagnosed as having status post lumbar fusion, status post spinal cord stimulator, status post narcotic use and chronic pain syndrome. Treatment to date has included spinal cord stimulator, lumbar spinal fusion, oral medications including Norco, Flexeril, Trazodone, Prilosec and Miralax; trigger point injections, deep tissue myofascial therapy and activity modifications. Currently on 7-15-15, the injured worker complains of severe low back pain, which started 2 hours prior. Physical exam performed on 7-15-15 revealed marked tenderness over the left low back on palpation, he moves slowly and guardedly, gait is antalgic and motor and sensation are unchanged with weakness and sensory loss in L5-S1 distribution on the left. The treatment plan included continuation of Flexeril 10mg and Trazodone 50mg and a prescription for Percocet 10/325mg #60; request was also made for the trigger point injection performed day of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 7/15/15, it was noted "In regard to the increased pain he was told to try to walk it off. He was told to do his exercises and stretch it out. He did not want narcotics. He was told that if his symptoms worsened he can go to the emergency room." As the injured worker does not wish to be treated with narcotics, the request is not medically necessary.

Trigger point injection with 2cc of 0.25% Bupivacaine and 3cc of 1% Lidocaine 4 units:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: 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. (Colorado, 2002) (BlueCross BlueShield, 2004)" The medical records submitted for review do not contain documentation of circumscribed trigger points, furthermore there is evidence of radiculopathy by exam. The criteria are not met, the request is not medically necessary.

