

<b>Case Number:</b>	CM15-0165354		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	11/08/2000
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Massachusetts

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 68-year-old female who sustained an industrial injury on November 8, 2000 resulting in radiating neck and low back pain. Diagnoses have included status post lumbar fusion and laminectomy L4-S1 with hardware removal; lumbar radiculopathy; lumbar fibrosis; lumbar degenerative disc and facet disease L1-L2 and L3-L4; L3-L4 spinal stenosis; lumbar dextroscoliosis; and, lumbosacral strain. Documented treatment includes lumbar fusion including hardware removal in 2002, physical therapy, trigger point injections, which she finds helpful, and medication which is reported to have been helpful except for Duragesic patches which was discontinued due to unwanted side effects. The injured worker continues to present with radiating low back pain and the treating physician's plan of care includes Norco 12-325 mg, and a lumbar trigger point injection. Current work status is retired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2000 and is being treated for chronic low back pain. She has a history of a lumbar fusion with subsequent hardware removal. She was seen by the requesting provider for an initial evaluation on 08/05/15. Her prior treatments were reviewed and had included medications, epidural injections, and trigger point injections. Medications are referenced as decreasing pain from 8/10 to 6/10 and allowing her to perform activities such as shopping, housecleaning, and activities of daily living. When seen, there was mild lumbosacral tenderness. There was decreased spinal range of motion with stiffness. A trigger point injection was performed and Norco was prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate pain and this medication had previously provided pain relief with improved function. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

**Lumbar Trigger Point Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, p122.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2000 and is being treated for chronic low back pain. She has a history of a lumbar fusion with subsequent hardware removal. She was seen by the requesting provider for an initial evaluation on 08/05/15. Her prior treatments were reviewed and had included medications, epidural injections, and trigger point injections. Medications are referenced as decreasing pain from 8/10 to 6/10 and allowing her to perform activities such as shopping, housecleaning, and activities of daily living. When seen, there was mild lumbosacral tenderness. There was decreased spinal range of motion with stiffness. A trigger point injection was performed and Norco was prescribed. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and a trigger point injection was not medically necessary. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. The claimant's response to previous trigger point injections is not adequately documented in terms of degree or duration of pain relief. The trigger point injection was not medically necessary for this reason as well.