

<b>Case Number:</b>	CM15-0167681		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 58-year-old male, who sustained an industrial injury on 3-20-12. He reported low back pain with radiation down the legs. The injured worker was diagnosed as having non-union L4-S1 with recurrent left L5-S1 herniated nucleus pulposus and status post anterior posterior revision on 2-2-15. Treatment to date has included L4-S1 posterior interbody fusion, acupuncture, TENS, chiropractic therapy, physical therapy, massage, and medication. On 7-22-15, physical examination findings included negative straight leg raise, normal gait, minimal lumbar tenderness, and muscle spasms noted in the paraspinal musculature. Currently, the injured worker complains of low back pain with lower extremity symptoms. The treating physician requested authorization for a retrospective trigger point injection on 7-22-15 and Norco 10- 325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Trigger point injection (DOS 7/22/2015): 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 injection Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Trigger point injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request trigger point injection date of service July 22, 2015 is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicalgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three-four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are nonunion L4-S1 with recurrent left L5-S1 HNP; status post anterior/posterior revision February 2, 2015. Date of injury is March 20, 2012. Request for authorization is July 24, 2015. According to a June 24, 2015 progress notes, the injured worker weaned himself off MS Contin and lyrical. Subjectively, the injured worker complaints of low back pain 8/10. A urine drug screen was positive for cannabis. According to a progress note dated July 22, 2015, the injured worker's low back pain is unchanged. The injured worker has a failed back surgery syndrome. PT was ineffective. Objectively, there are no trigger points on examination. Motor examination was normal. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no circumscribed trigger points with evidence upon palpation of a twitch response on examination, retrospective request trigger point injection date of service July 22, 2015 is not medically necessary.

**Norco (Hydrocodone/APAP) 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco (hydrocodone/APAP) 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated

patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are nonunion L4-S1 with recurrent left L5-S1 HNP; status post anterior/posterior revision February 2, 2015. Date of injury is March 20, 2012. Request for authorization is July 24, 2015. According to a June 24, 2015 progress notes, the injured worker weaned himself off MS Contin and lyrical. Subjectively, the injured worker complaints of low back pain 8/10. A urine drug screen was positive for cannabis. According to a progress note dated July 22, 2015, the injured worker's low back pain is unchanged. The injured worker has a failed back surgery syndrome. PT was ineffective. Objectively, there are no trigger points on examination. Motor examination was normal. There is no clinical indication or rationale for restarting opiate analgesics. There is no documentation of non-opiate analgesics initiated on July 22, 2015. There is no clinical indication or rationale for restarting opiate analgesics. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with the clinical indication or rationale for restarting opiate analgesics and no documentation of a non-opiate analgesic (after previous weaning of opiates), Norco (hydrocodone/APAP) 10/325mg # 90 is not medically necessary.