

Case Number:	CM15-0208999		
Date Assigned:	10/28/2015	Date of Injury:	05/31/2006
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 60-year-old male, who sustained an industrial injury on 5-31-2006. The medical records indicate that the injured worker is undergoing treatment for Achilles tendon infection, status post right ankle surgery (8-13-2015), weakness right leg, sprain-strain of ankle, pain in ankle-foot joint, and closed fibula fracture. According to the progress report dated 9-22-2015, the injured worker presented with complaints of constant right ankle pain. The level of pain is not rated. The physical examination reveals decreased swelling at surgery site. The current medications are Norco, Soma (since at least 5-22-2015), and Naproxen. Previous diagnostic studies include MRI of the right ankle. Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as modified duty, sedentary work only. Per the note dated 9/22/15 the patient had complaints of increased low back pain with radiculopathy in lower extremity and neck pain with radiation in upper extremity. Physical examination revealed tenderness on palpation, multiple trigger points and tight bands, limited range of motion of cervical spine and lumbar spine, 4/5 strength, diminished sensation in lower extremity, and positive SLR. The medication list include Norco, Prilosec, Anaprox, Neurontin, Soma, Paxil and Ambien. Patient had received four lumbar trigger point injection with pain relief and improved ROM. The patient had permanent spinal cord stimulator on 4/23/15. The patient's surgical history include cervical fusion on 3/3/ 2008 and lumbar spine surgery on 7/14/2008. The patient had 30-40% pain relief with Norco and he can participate in post op PT with Norco. The patient had improved ADL with Norco and there is no evidence of drug abuse. The patient is routinely monitored with UDS. The patient had

UDS that was consistent for opioid on 10/21/15 and 6/25/15. The patient had Right knee MRI on 8/23/13 that revealed degenerative changes; MRI of the right ankle on 8/23/13 that revealed post-surgical changes; CT myelogram of the lumbar spine on 5/22/12 that revealed post-surgical changes, foraminal narrowing, and degenerative changes; MRI of the cervical spine on 10/30/06 that revealed disc protrusions, and degenerative changes. The patient had received an unspecified number of PT and massage visits for this injury. The patient sustained the injury due to a fall from a ladder. The patient had used electrical stimulation for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Overturned

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: According to the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for ongoing management of opioids include the lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition according to the cited guidelines, short-acting opioids: Also known as, normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The patient had diagnoses of status post right ankle surgery (8-13-2015), weakness right leg, sprain-strain of ankle, pain in ankle-foot joint and closed fibula fracture. According to the note dated 9/22/15 the patient had complaints of increased low back pain with radiculopathy in lower extremity and neck pain with radiation in upper extremity. Physical examination revealed tenderness on palpation, multiple trigger points and tight bands, limited range of motion of cervical spine and lumbar spine, 4/5 strength, diminished sensation in lower extremity, and positive SLR. The patient had permanent spinal cord stimulator on 4/23/15. The patient's surgical history includes cervical fusion on 3/3/2008 and lumbar spine surgery on 7/14/2008. The patient had 30-40% pain relief with Norco and he can participate in post op PT with Norco. The patient had improved ADL with Norco and there is no evidence of drug abuse. The patient is routinely monitored with UDS. The patient had UDS that was consistent for opioid on 10/21/15 and 6/25/15. The patient had Right knee MRI on 8/23/13 that revealed degenerative changes; MRI of the right ankle on 8/23/13 that revealed post-surgical changes; CT myelogram of the lumbar spine on 5/22/12 that revealed post-surgical changes, foraminal narrowing, and degenerative changes; MRI of the cervical spine on 10/30/06 that revealed disc protrusions, and degenerative changes. Therefore, the patient has chronic pain along with significant abnormal objective findings. There is no evidence of aberrant behavior. Patient has had a trial of non- opioid medications including NSAID, Muscle relaxant, and Gabapentin for this injury. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. Therefore, the request is medically necessary and appropriate.

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Per the guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short-term use only, in acute exacerbations of chronic pain. The patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore, the request is not medically necessary and appropriate.

4 Trigger Point Injections: Upheld

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

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

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. However, they are not recommended for radicular pain. Criteria for the use of Trigger point injections: (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. The records provided did not specify the presence of indications for trigger point injections listed above. The patient has received an unspecified number of the PT visits for this injury to date. Evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. Patient had received four lumbar trigger point injections for this injury. Evidence of a greater than 50% pain relief for six weeks from previous injections and evidence of functional improvement was not specified in the records provided. The detailed response to previous trigger point injections for this injury was not specified in the records provided. The notes of previous trigger point injections documenting significant functional progressive improvement was not specified in the records provided. The Rationale for repeating trigger point injections for this injury was not specified in the records provided. Per the note dated 9/22/15 the patient had complaints of increased low back pain with radiculopathy in the lower extremity and neck pain with radiation in the upper extremity. Physical examination revealed diminished sensation in lower extremity, and positive SLR and imaging studies revealed disc bulge and foraminal narrowing. There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. Therefore, the request is not medically necessary and appropriate.