MAXIMUS Federal Services

Case Number:	CM15-0024493		
Date Assigned:	02/17/2015	Date of Injury:	06/27/2003
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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: Florida
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 71 year old male, who sustained an industrial injury on 6/27/2003. He has reported injury to low back, right upper extremity and low leg. The diagnoses have included lumbosacral spondylosis without myelopathy, sacroiliac region sprain, failed back surgery syndrome, thoracic radiculopathy, and chronic pain due to trauma, chronic left iliac crest donor site dysesthesias, lumbar facet arthropathy, and diabetes. He is status post laminectomy and fusion L3-S1. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxer, aquatic therapy, and epidural steroid injection, trigger point injections, and insertion of a spinal cord stimulator. Currently, the IW complains of low back pain with radiation to gluteal area and thighs rated 8/10 VAS to 4/10 VAS. Physical examination from 12/29/2014, documented right sided posterior lateral gluteal pain and right greater trochanteric bursa pain. The plan of care included a trigger point injection with significant benefit, continuation of previously prescribed medications, pending authorization for an epidural steroid injection, and review of substance agreement, and recent laboratory evaluations were completed.On 1/12/2015 Utilization Review non-certified trigger point injections, and modified certification for Percocet 10/325mg #95 and Morphine Sulfate ER 60mg #41. The MTUS Guidelines were cited.On 2/9/2015, the injured worker submitted an application for IMR for review of trigger point injections, Percocet 10/325mg #120, Morphine Sulfate ER 60mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 156.

Decision rationale: In accordance with MTUS guidelines trigger point injection are "recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. T hese injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. N ot recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) F or fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004)". Regarding the request for a right gluteal trigger point injection MTUS 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) Regarding this patient's case, a trigger point injection to the right buttock is being requested. He has undergone a prior trigger point injection to this area in the past with significant relief of symptoms per a 1/2015 progress note. He has documentation of a right gluteal trigger point being present on physical exam. His symptoms have persisted for more then 3 months. Medical management therapies have failed to control his pain. Radiculopathy is not noted to be present. Not more then 3-4 injections are being requested. He has previously had up to 100% relief in pain after the injection. The injection seems to last for 3 months. There is documented evidence of functional improvement. It has been more then 2 months since his last injection. This patient's case meets MTUS guidelines for a repeat trigger point injection to be authorized. This requested service is considered medically necessary and appropriate.

Percocet 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115. Page(s): Criteria for use of opioids, page(s) 110-.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. It is also recommended that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, the appeals letter has been reviewed in detail, along with all submitted medical records. This patient has had improved functioning with his current narcotic regiment. He is able to walk 2 miles while on his medications. There is documentation of improved pain with the Percocet and Morphine Sulfate medications. VAS score shows a 30% improvement with these medications. There is no evidence of aberrant behavior. He has signed a pain management contract and has passed recent drug screens. His total morphine equivalents per day does not exceed the recommended 120 mg limit. In accordance with MTUS's own guidelines, there is no reason to deny this patient his chronic pain medications, and likewise this request is found to be medically necessary.

Morphine Sulfate ER 60mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115. Page(s): Criteria for use of opioids, page(s) 110-.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. It is also recommended that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, the appeals letter

has been reviewed in detail, along with all submitted medical records. This patient has had improved functioning with his current narcotic regiment. He is able to walk 2 miles while on his medications. There is documentation of improved pain with the Percocet and Morphine Sulfate medications. VAS score shows a 30% improvement with these medications. There is no evidence of aberrant behavior. He has signed a pain management contract and has passed recent drug screens. His total morphine equivalents per day does not exceed the recommended 120 mg limit. In accordance with MTUS's own guidelines, there is no reason to deny this patient his chronic pain medications, and likewise this request is found to be medically necessary.