

Case Number:	CM15-0213252		
Date Assigned:	11/03/2015	Date of Injury:	08/03/1995
Decision Date:	12/14/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/29/2015

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: Arizona, 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 52 year old female who sustained an industrial injury on 8-3-1995. A review of medical records indicates the injured worker is being treated for complex regional pain syndrome, trigger point injection in the left L4-S1, trigger points in the bilateral levator scapulae, trapezius, rhomboid, and intrascapular muscles, right greater than left, right shoulder impingement syndrome, lumbar radiculopathy, chronic low back pain, sciatica, right sacroiliitis, and bilateral osteoarthritis. Medical records dated 9-30-2015 noted neck pain a 6 out of 10. She also complains of low back pain rated 9 out of 10 and constant bilateral wrist and hand pain rated 8 out of 10. There was also bilateral hip pain rated 8 out of 10. Pain was worse when compared to the previous visit. Physical examination noted tenderness to palpation over the L4-5 and L5-S1. Straight leg raise and Braggards test were positive on the right. Range of motion reveals flexion of 20 degrees, extension of 5 degrees, right lateral bend of 5 degrees, and left lateral bend of 5 degrees. Treatment has included Soma since at least 2-19-2014 and Motrin since at least 4-15-2015. Further treatment has included epidural steroid injection which provided 80% reduction of back and leg pain for greater than two months. Utilization review form dated 10-23-2015 noncertified 1 trigger point injection, 90 Motrin 800mg, and 60 Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant received trigger point injections since at least 2011. The claimant still required opioids and ESIs. Therefore the request for lumbar trigger point injection is not medically necessary.

90 Motrin 800mg: 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): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several years in combination with multiple opioids. There was no indication of Tylenol failure. Pain reduction attributed to the NSAID is unknown. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.

60 Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Oxycodone and Methadone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.