

Case Number:	CM15-0223269		
Date Assigned:	11/19/2015	Date of Injury:	05/13/2009
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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 55 year old female, who sustained an industrial injury on 5-13-09. The injured worker has complaints of pain in neck and shoulders in lower back in right lower extremity to toes in lower back, buttocks and groin, left leg and right leg. The documentation noted that the injured worker function improves 75 percent with medication. There is tenderness present in bilateral sacroiliac joints. Extension of the lumbar spine is positive for back pain. Right lateral rotation of lumbar spine is positive for back pain. Left lateral rotation of lumbar spine is positive for back pain and range of motion of the lumbar spine is restricted. Straight leg raising test is positive right side at 60 degrees. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; failed back syndrome, lumbar and sacroiliac joint pain. Treatment to date has included rest; non-steroidal anti-inflammatory drugs (NSAIDs) therapy; physical therapy; opioid and non-opioids medications; and home exercise program. The injured worker has been on at least since 6-10-15. The original utilization review (10-30-15) non-certified the request for Hydrocodone-acetaminophen 10-325 mg 4 times a day as needed #112 days 28; trigger point injections in the right thoracic paravertebral region at the T8-T9 levels and outpatient bilateral sacroiliac joint fusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg 4 times a day PRN #112 days 28: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: The claimant sustained a work injury in May 2009 and continues to be treated for chronic pain. In May 2015 she underwent bilateral sacroiliac joint injections with a reported 50% improvement. In June 2015 trigger point injections were performed to the bilateral rhomboid, right trapezius, and right splenius capitis muscles. Medications included OxyContin and Hydrocodone. Although the assessment references taking OxyContin 40 mg four times per day, OxyContin 40 mg one time per day #28 was being prescribed. When seen in October 2015 she was having neck, low back, and shoulder pain. She was having right lower extremity pain to her toes. She was having buttock and groin pain. There was a 75% improvement with medications. VAS pain scores were not recorded. Her surgical history was an appendectomy, gallbladder removal, and neck surgery. Physical examination findings included a body mass index of 34. There was an antalgic gait with use of a cane. There was a lumbar scar. She had lumbar paravertebral spasms. There was bilateral lumbar and sacroiliac joint tenderness. There was decreased lumbar spine range of motion and pain with lumbar extension and lateral rotation. There was decreased cervical spine range of motion with paravertebral tenderness and multiple trigger points with jump sign, tight bands, and radiation of pain were present in the trapezius and splenius capitis muscles. The assessment references the claimant's medications as being denied, but that she was obtaining OxyContin under her commercial insurance. Hydrocodone / acetaminophen 10/325 mg #112 was prescribed. Bilateral sacroiliac joint fusions had been recommended by her surgeon. Authorization for bilateral lumbar medial branch blocks and bilateral sacroiliac joint fusion surgery was requested. The provider also requested authorization for trigger point injections for the right thoracic paravertebral region with the report referencing a tight band and positive jump sign in the right erector spinae muscle and previous trigger point injections as having provided more than 60-70% improvement lasting for more than six weeks. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction. However, it is unclear as to what the claimant's other opioid medications are as her OxyContin dosing is variably reported as at 40 mg 4 times per day with prescribing at 40 mg per day. If OxyContin is being provided at 40 mg 4 times per day, then the total MED (morphine equivalent dose) would be 280 mg which is in excess of guideline recommendations. If OxyContin is being provided at 40 mg per day, then the dosing is incorrect as accepted OxyContin dosing is two times per day at a 12 hours interval. In terms of the Norco being requested, an adequate pain assessment is not being documented as a pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long the pain relief lasts. For these reasons, continued prescribing cannot be accepted as being medically necessary.

Trigger point injections in the right thoracic paravertebral region at the T8-T9 levels:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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

Decision rationale: The claimant sustained a work injury in May 2009 and continues to be treated for chronic pain. In May 2015 she underwent bilateral sacroiliac joint injections with a reported 50% improvement. In June 2015 trigger point injections were performed to the bilateral rhomboid, right trapezius, and right splenius capitis muscles. Medications included OxyContin and Hydrocodone. Although the assessment references taking OxyContin 40 mg four times per day, OxyContin 40 mg one time per day #28 was being prescribed. When seen in October 2015 she was having neck, low back, and shoulder pain. She was having right lower extremity pain to her toes. She was having buttock and groin pain. There was a 75% improvement with medications. VAS pain scores were not recorded. Her surgical history was an appendectomy, gallbladder removal, and neck surgery. Physical examination findings included a body mass index of 34. There was an antalgic gait with use of a cane. There was a lumbar scar. She had lumbar paravertebral spasms. There was bilateral lumbar and sacroiliac joint tenderness. There was decreased lumbar spine range of motion and pain with lumbar extension and lateral rotation. There was decreased cervical spine range of motion with paravertebral tenderness and multiple trigger points with jump sign, tight bands, and radiation of pain were present in the trapezius and splenius capitis muscles. The assessment references the claimant's medications as being denied, but that she was obtaining OxyContin under her commercial insurance. Hydrocodone / acetaminophen 10/325 mg #112 was prescribed. Bilateral sacroiliac joint fusions had been recommended by her surgeon. Authorization for bilateral lumbar medial branch blocks and bilateral sacroiliac joint fusion surgery was requested. The provider also requested authorization for trigger point injections for the right thoracic paravertebral region with the report referencing a tight band and positive jump sign in the right erector spinae muscle and previous trigger point injections as having provided more than 60-70% improvement lasting for more than six weeks. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain in the muscles being requested is not documented and these muscle are not recorded as being examined in the physical examination section of the report. In terms of a repeat trigger point injection, although the report references improvement from prior trigger point injections, these were done in different muscles. For any of these reasons, the request cannot be accepted as being medically necessary.

Outpatient bilateral sacroiliac joint fusions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac joint fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Sacroiliac fusion.

Decision rationale: The claimant sustained a work injury in May 2009 and continues to be treated for chronic pain. In May 2015 she underwent bilateral sacroiliac joint injections with a reported 50% improvement. In June 2015 trigger point injections were performed to the bilateral rhomboid, right trapezius, and right splenius capitis muscles. Medications included OxyContin and Hydrocodone. Although the assessment references taking OxyContin 40 mg four times per day, OxyContin 40 mg one time per day #28 was being prescribed. When seen in October 2015 she was having neck, low back, and shoulder pain. She was having right lower extremity pain to her toes. She was having buttock and groin pain. There was a 75% improvement with medications. VAS pain scores were not recorded. Her surgical history was an appendectomy, gallbladder removal, and neck surgery. Physical examination findings included a body mass index of 34. There was an antalgic gait with use of a cane. There was a lumbar scar. She had lumbar paravertebral spasms. There was bilateral lumbar and sacroiliac joint tenderness. There was decreased lumbar spine range of motion and pain with lumbar extension and lateral rotation. There was decreased cervical spine range of motion with paravertebral tenderness and multiple trigger points with jump sign, tight bands, and radiation of pain were present in the trapezius and splenius capitis muscles. The assessment references the claimant's medications as being denied, but that she was obtaining OxyContin under her commercial insurance. Hydrocodone / acetaminophen 10/325 mg #112 was prescribed. Bilateral sacroiliac joint fusions had been recommended by her surgeon. Authorization for bilateral lumbar medial branch blocks and bilateral sacroiliac joint fusion surgery was requested. The provider also requested authorization for trigger point injections for the right thoracic paravertebral region with the report referencing a tight band and positive jump sign in the right erector spinae muscle and previous trigger point injections as having provided more than 60-70% improvement lasting for more than six weeks. Sacroiliac joint fusion can be recommended on a case by case basis as a last line of therapy when there are ongoing symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment. Criteria include treatment for sacroiliac joint infection, tumor involving the sacrum, disabling pain due to sacroiliitis caused by spondyloarthropathy, sacroiliac pain due to severe traumatic injury, or in conjunction with multisegmental spinal constructs such as surgery for scoliosis or kyphosis. In this case, although the presence of a lumbar scar is documented, the surgical history being documented does not include a description of any lumbar spine surgical procedure. None of the indications for consideration of sacroiliac joint fusion surgery is present. Additionally, lumbar facet block are also being requested which indicates that the claimant has not failed non-operative treatment. For any of these reasons the request is not considered medically necessary.