

Case Number:	CM15-0225137		
Date Assigned:	11/23/2015	Date of Injury:	04/24/2015
Decision Date:	12/31/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/17/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male, who sustained an industrial injury on 4-24-2015. The injured worker is being treated for lumbar back pain with radiculopathy affecting right lower extremity and lumbosacral spondylosis. Treatment to date has included medications, diagnostics including x-rays and magnetic resonance imaging (MRI), ice and heat application, activity modification, physical therapy, and chiropractic treatment. Per the Primary Treating Physician's Progress Report dated 10-20-2015, the injured worker reported pain in the lower back rated as 6 out of 10 in severity with medications and 10 out of 10 in severity without medications. He reported radiation of pain down the right lower extremity. There is no documented physical examination of the lumbar spine at this visit. A trigger point injection was administered. On 9-17-2015, lumbar spine exam revealed pain rated as 9 out of 10, no tenderness noted to the lumbar spine with full active range of motion. The IW was prescribed Norco on 8-26-2015. Per the medical records dated 9-17-2015 to 10-20-2015 there is no documentation of significant improvement in symptoms or increase in activities of daily living attributed to the current medications. UDS dated 8-26-2015 was positive for opioids and THC. Work status was without restrictions. The plan of care included, and authorization was requested for Norco 10-325mg #1220, Cymbalta 30mg #60 and iliolumbar ligament injection. On 11-05-2015, Utilization Review non-certified the request for Norco 10-325mg #120, Cymbalta 30mg #60 and iliolumbar ligament injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, or increase in activity from the exam note of 10/20/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.

Cymbalta 30mg #60: 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): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Selective serotonin and norepinephrine reuptake inhibitors, page 15, states that Cymbalta is an antidepressant/ selective serotonin and norepinephrine re-uptake inhibitor (SNRI). It is utilized in management of depression and pain associated chronic conditions. In this case, this patient has no evidence of depression. The patient has been on Cymbalta without demonstrated functional improvement, percentage of relief, or increase in activity. Therefore, the prescription is not medically necessary and the determination is for non-certification.

Iliolumbar ligament injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis / Sacroiliac injections, diagnostic & therapeutic.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Iliolumbar ligament injection. According to ODG Hip and Pelvis / Sacroiliac injections, diagnostic & therapeutic: Not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion. "Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended." "In this case, there is no indication for either diagnostic or therapeutic sacroiliac joint injection. This patient does not have a diagnosis of inflammatory spondyloarthropathy (sacroiliitis). This patient does not meet ODG criteria for consideration for sacroiliac fusion. Thus, the proposed injection is not medically necessary and the recommendation is for non-certification. CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 defines a trigger point as "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. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination." The guidelines continue to define the indications for trigger point injections which are as follows: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain or fibromyalgia. 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." CA MTUS guidelines state that trigger point injections are not indicated for radicular pain, fibromyalgia, typical back pain or typical neck pain. In this case, the exam notes from 9/17/15 demonstrate no evidence of myofascial pain syndrome. The documented physical examination does not show "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." This patient has radicular pain, and typical back pain. Therefore, the iliolumbar ligament injection is not medically necessary and the determination is for non-certification.