

<b>Case Number:</b>	CM15-0036780		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 31 year old male, who sustained an industrial injury on June 8, 2012. The diagnoses have included lumbar spinal surgery with radiculopathy, anxiety, iatrogenic opioid dependency, chronic pain, outpatient detox, right knee meniscus tear, ACL reconstruction, and left wrist surgery. A progress note dated January 20, 2015 provided the injured worker complains of right knee pain. Anterior cruciate ligament (ACL) repair was done in October 2014. He has 12 physical therapy sessions remaining. On February 13, 2015 utilization review non-certified a request for 4 trigger point injections to lumbar spine, Anaprox 550 mg #60, Prilosec 20 mg #60 and Ultracet 37.5/325 mg #90. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 26, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 trigger point injections to lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** Guidelines state trigger point injections with a local anesthetic may be recommended for treatment of back pain with myofascial pain when all of the following criteria are met: circumscribed trigger points with evidence of twitch response as well as referred pain, symptoms more than 3 months, conservative therapies have failed, no radiculopathy, and no repeat injections unless prior ones gave 50% or more relief. In this case, the patient is suffering from radicular pain and there is no documentation of trigger points. Thus, the request for trigger point injections is not medically appropriate and necessary.

**Anaprox 550 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-70.

**Decision rationale:** Guidelines indicate that Anaprox is a NSAID used for the relief of osteoarthritis and are recommended to be used at the lowest dose for the shortest period of time. In this case, the patient did not show significant improvement while on Anaprox. Due to the lack of improvement from prior use, anaprox is not medically appropriate and necessary.

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** Guidelines recommend a proton pump inhibitor in patients at risk for gastrointestinal events and no cardiovascular disease. In this case, the patient had indicated prior relief of medication induced gastritis and GERD symptoms from prilosec use. Since NSAIDs were not indicated, there was no need for a PPI to protect against a gastrointestinal complaints. Thus, the request for Prilosec 20 mg #60 is not medically necessary and appropriate.

**Ultracet 37.5/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** Ultracet is comprised of tramadol and acetaminophen and is indicated for short term use for acute management of pain. In this case, there was no significant improvement from ultracet in this patient as the patient continued to complain of low back and knee pain. Also, it is only recommended for less than 5 days and the patient was already on Ultracet. Thus, the ultracet should be weaned and discontinued. Thus, the request for ultracet 37.5/325 mg #90 is not medically necessary and appropriate.