

Case Number:	CM15-0041683		
Date Assigned:	03/11/2015	Date of Injury:	04/27/1998
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 68 year old female who sustained an industrial injury on 4/27/98. The injured worker reported symptoms in the bilateral shoulder, bilateral arm and back. The injured worker was diagnosed as having lumbar facet arthropathy, spinal stenosis of the cervical region, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, and lumbar post-laminectomy syndrome. Treatments to date have included oral pain medication and caudal epidural. Currently, the injured worker complains of back and lower extremity pain described as "intermittent sharp, catching pain that occurs with any movement or activity..." rated at a 5-7/10. The plan of care included prescription refills, trigger point injections and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 15 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are lumbar facet arthropathy; spinal stenosis cervical region; brachial neuritis or radiculitis; degeneration cervical intervertebral disc; lumbar post laminectomy syndrome; and post laminectomy syndrome. The documentation shows the injured worker is taking Percocet 10/325 mg, MS Contin ER 30 mg and MS Contin ER 15 mg (prescribed since August 19, 2014). There is no clinical indication for the MS Contin ER 15 mg when MS Contin 30 mg PO BID is prescribed in addition to Percocet 10/325 mg (prescribed December 10, 2013). There are no risk assessments in the medical records. There are no detailed pain assessments in the medical record (with ongoing long-term opiate use). There is no documentation with objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement, and documentation to support MS Contin ER 15 mg when MS Contin ER 30 mg b.i.d. plus Percocet is prescribed, MS Contin 15 mg #30 is not medically necessary.

Retrospective: Trigger point injections bilateral lumbar para spinal muscles x 6 (DOS: 2/4/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective trigger point injections and bilateral lumbar paraspinal muscles times 6, date of service February 4, 2015 are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management

therapies have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar facet arthropathy; spinal stenosis cervical region; brachial neuritis or radiculitis; degeneration cervical intervertebral disc; lumbar post laminectomy syndrome; and post laminectomy syndrome. The documentation indicates the injured worker has "trigger points" of the lumbar spine. There are no clinical descriptors of a circumscribed trigger point with evidence upon palpation of a twitch response and the specific location. The injured worker received a prior epidural steroid injection with a good response. However, the guidelines do not recommend more than 3-4 injections per session. The treating physician is requesting six injections. This is in excess of the recommended guidelines. Consequently, absent compelling clinical documentation pursuant to the recommended guidelines not to exceed 3 to 4 trigger point injections per session, retrospective trigger point injections and bilateral lumbar paraspinal muscles times 6, date of service February 4, 2015 are not medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar facet arthropathy; spinal stenosis cervical region; brachial neuritis or radiculitis; degeneration cervical intervertebral disc; lumbar post laminectomy syndrome; and post laminectomy syndrome. The objective documentation does not indicate lumbar muscle spasm. The ODG does not recommend Soma. There was no clinical indication or rationale for Soma documented in the February 4, 2015 progress note. There is no documentation with a clinical indication a rationale for Soma in any other progress note. Consequently, absent clinical documentation for the clinical indication and clinical rationale for Soma, Soma 350 mg #30 is not medically necessary.