

Case Number:	CM15-0043364		
Date Assigned:	03/13/2015	Date of Injury:	01/02/2006
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 1/2/06. The injured worker was diagnosed as having shoulder tendinitis/bursitis, wrist tendonitis/bursitis, knee sprain/strain, cervical radiculopathy and lumbosacral radiculopathy. Treatment to date has included lumbar arthrodesis L5-S1, external bone stimulator, cane for ambulation, trigger point injections of mid trapezius muscle on right side and oral medications including Norco, Ambien and Paxil. (CT) computerized tomography scan of lumbar spine was performed on 9/18/14. Currently, the injured worker complains of continuing low back pain and bilateral shoulder pain. The injured worker continues to have significant residual pain following lumbar spinal surgery while utilizing the external bone stimulator. Spasm and tenderness of the paravertebral musculature of lumbar spine with loss of range of motion is noted. The treatment plan included refills of Ambien, Paxil and Norco, (MRI) magnetic resonance imaging of bilateral shoulders and continued work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection with Lidocaine 1 Percent: Upheld

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

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

Decision rationale: The patient presents with cervical pain and lumbar, radiating to bilateral lower extremities, mainly on the right side. The request is for Trigger Point Injection With Lidocaine 1 Percent. Patient is status post transforaminal lumbar interbody fusion with bone grafting instrumentation at level L5-S1 12/03/13. Physical examination to the cervical and the lumbar spines on 01/07/15 revealed tenderness to palpation over the paraspinal muscles with spasm. Patient's gait was antalgic and used a one-point cane for ambulation. Per 03/04/15 progress report, patient's diagnosis include hand sprain/strain, shoulder tend/burs, wrist tend/burs, knee sprain/strain, cervical radiculopathy, and lumbosacral radiculopathy. Patient's medications, per 02/04/15 progress report include Norco, Ambien and Paxil. Patient's is temporarily totally disabled. MTUS Guidelines, page 122, Chronic Pain Medical Treatment Guidelines support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Frequency should not be at an interval less than two months. "The treater does not discuss this request. Patient received one a trigger point injection of 1% Lidocaine on 01/09/15. However, the results of the injection was not documented in the subsequent reports. Per 03/04/15 progress report, patient's diagnosis include cervical radiculopathy, and lumbosacral radiculopathy. MTUS guidelines indicate that radiculopathy must not be present in order for trigger point injections to be considered medically appropriate. Furthermore, there is no mention of twitch response or referred pain on physical examination. This patient does not meet the criteria for trigger point injections. Therefore, the request IS NOT medically necessary.

Norco 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with cervical pain and lumbar, radiating to bilateral lower extremities, mainly on the right side. The request is for NORCO 10 MG # 60. Patient is status post transforaminal lumbar interbody fusion with bone grafting instrumentation at level L5-S1 12/03/13. Physical examination to the cervical and the lumbar spines on 01/07/15 revealed tenderness to palpation over the paraspinal muscles with spasm. Patient's gait was antalgic and used a one-point cane for ambulation. Per 03/04/15 progress report, patient's diagnosis include hand sprain/strain, shoulder tend/burs, wrist tend/burs, knee sprain/strain, cervical radiculopathy, and lumbosacral radiculopathy. Patient's medications, per 02/04/15 progress report include

Norco, Ambien and Paxil. Patient's is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Patient has been prescribed Norco from 05/28/14 and 03/04/15. The request is for Norco 10 mg # 60. UR letter dated 02/19/15 modified the request to Norco 10 # 48. In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. No UDS reports, opioid pain contract, or CURES reports, either. No discussions of aberrant behavior either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Ambien 5 MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: The patient presents with cervical pain and lumbar, radiating to bilateral lower extremities, mainly on the right side. The request is for AMBIEN 5 MG # 60. Patient is status post transforaminal lumbar interbody fusion with bone grafting instrumentation at level L5-S1 12/03/13. Physical examination to the cervical and the lumbar spines on 01/07/15 revealed tenderness to palpation over the paraspinal muscles with spasm. Patient's gait was antalgic and used a one-point cane for ambulation. Per 03/04/15 progress report, patient's diagnosis include hand sprain/strain, shoulder tend/burs, wrist tend/burs, knee sprain/strain, cervical radiculopathy, and lumbosacral radiculopathy. Patient's medications, per 02/04/15 progress report include Norco, Ambien and Paxil. Patient's is temporarily totally disabled. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)"The patient has been prescribed Norco from 05/28/14 and 03/04/15. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia, due to negative side effect profile. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. The does not inline meet guideline indications. Therefore, the request IS NOT medically necessary.