

Case Number:	CM15-0045566		
Date Assigned:	03/17/2015	Date of Injury:	07/22/2004
Decision Date:	04/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old male, who sustained an industrial injury on July 22, 2004. He reported injury of the back, right hand, left wrist, and left knee, following a slip and fall on a wet floor. The injured worker was diagnosed as having pain in joint involving upper arm, displacement of lumbar intervertebral disc without myelopathy, spinal stenosis of lumbar region, lumbago, sciatica, disorders of bursae and tendons in shoulder region, complete rupture of rotator cuff, spondylolisthesis congenital, and rotator cuff sprain. Treatment to date has included medications, magnetic resonance imaging of the lumbar spine, electrodiagnostic studies, aqua therapy, back surgery, injection, bracing, and right shoulder surgery. On January 15, 2015, he was evaluated for complaints of right shoulder and low back pain. The records indicate an x-ray of the lumbar spine on an unknown date were unremarkable. He continues to utilize medications to manage his pain. The request is for Norco 5/325 mg #120, and Trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 53 year old male has complained of low back pain, hand pain and shoulder pain since date of injury 7/22/04. He has been treated with right shoulder surgery, injections, physical therapy and medications to include opioids since at least 07/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Trigger Point Injection: Upheld

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

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

Decision rationale: This 53 year old male has complained of low back pain, hand pain and shoulder pain since date of injury 7/22/04. He has been treated with right shoulder surgery, injections, physical therapy and medications. The current request is for trigger point injections. Per the MTUS guidelines cited above, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The available medical documentation fails to meet criteria number (3) above. That is, there is no documentation that the patient has failed conservative therapy such as medications and physical therapy. On the basis of the MTUS guidelines and available medical documentation, trigger point injection is not indicated as medically necessary.