

Case Number:	CM15-0049985		
Date Assigned:	03/23/2015	Date of Injury:	11/20/2003
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/16/2015

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, Pain Management

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 62-year-old female who sustained an industrial injury on November 20, 2003. The injured worker was diagnosed with spondylolisthesis, myalgia, myositis, cervical radiculopathy and migraines. According to the primary treating physician's progress report on February 11, 2015 the patient continues to experience increasing neck pain. Examination demonstrated a painful trigger point in the left mid trapezius with radiation away from the trigger point medially and laterally with a tight band. Cervical range of motion was decreased. Lumbar examination noted decreased range of motion with flexion and extension and paraspinous muscle tenderness without spasm. Extremity range of motion was grossly intact. Current medications are listed as Cyclobenzaprine, Percocet, Lidoderm and Rizatriptan. Treatment plan consists of continuing medication and the request for authorization for a single trigger point injection to the left trapezius and oxycodone for pain. Pain reduction from 8/10 to 4/10 are noted with medication, functional improvement is described, UDS is said to be consistent, and no aberrant behaviors are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/acetaminophen 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for oxycodone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no aberrant use detected. UDS is said to be consistent. In light of the above issues, the currently requested oxycodone is medically necessary.

Single Trigger Point Injection left trapezius: 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 8 C.C.R. 9792.20, 9792.26 Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Repeat trigger point injections may be indicated provided there is greater than 50% pain relief obtained for six weeks after an injection along with evidence of functional improvement. Within the documentation available for review, there is no documentation of at least 50% pain relief with evidence of functional improvement for at least 6 weeks after previous trigger point injections. In the absence of such documentation, the requested trigger point injections are not medically necessary.