

<b>Case Number:</b>	CM15-0060128		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	12/01/2006
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 58 year old female, who sustained an industrial injury on 12/01/2006. She has reported subsequent neck, back, knee, wrist and shoulder pain and was diagnosed with degenerative cervical and lumbar disc disease, degenerative arthritis of the knees, myofascial pain syndrome, chronic pain syndrome, bilateral shoulder pain and right carpal tunnel syndrome. Treatment to date has included oral and topical pain medication. In a progress note dated 03/09/2015, the injured worker complained of severe pain in the low back and buttocks. Objective findings were notable for tenderness to palpation of the spine left greater than right with marked tenderness over the left buttock and decreased sensation in the left S1 distribution. The injured worker was noted to be crying and in moderate to severe distress. Trigger point injections were performed over the right and left low back as well as two over the left buttocks due to non-resolving trigger points. A request for authorization of the 4 trigger point injections as well as Norco was subsequently submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 trigger point injections date of service 3/9/15: 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 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 with a twitch response as well as referred pain upon palpation. Radiculopathy should not be present. Within the documentation available for review, there are no physical examination findings consistent with trigger points as outlined above and there was evidence of radiculopathy on exam. In light of the above issues, the requested trigger point injections are not medically necessary.

**Norco 7.5/325mg #60 Rx- 3/9/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), 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 no indication that prior use of the medication improved the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.