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| Case Number: | CM14-0113649 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 01/05/1999 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 5, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; psychotropic medications; earlier lumbar spine surgery; earlier epidural steroid injection therapy; and at least one set of earlier trigger point injections. In a Utilization Review Report dated June 30, 2014, the claims administrator apparently partially certified a request for Norco and Prilosec, approved a request for Remeron, and denied a request for trigger point injection therapy. The applicant's attorney subsequently appealed. In a June 30, 2014 progress note, the applicant reported persistent complaints of "debilitating" low back pain radiating to the bilateral lower extremities, 7-9/10. The applicant's pain level ranged from 9/10 without medications to 7/10 with medications. The applicant stated that trigger point injections were providing him with temporary relief. The applicant stated that he was able to perform simple chores around the home, including cooking and cleaning. The applicant stated that he was using four to six tablets of Norco daily and was using Prilosec for GERD and gastritis issues. Remeron was being employed as a mood stabilizer, it was suggested. The applicant was also using Prozac for depression, it was further noted and was also receiving Ritalin and Klonopin from his psychiatrist. Trigger point injection therapy was performed in the clinic setting while Norco, Prilosec, and Remeron were renewed. Twelve sessions of acupuncture were sought. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. In an earlier note dated July 16, 2014, the applicant again received trigger point injection therapy. The applicant was described as having significant radicular complaints in another section of the report. The applicant stated that his pain scores were reduced with ongoing opioid therapy and again stated

that he was able to perform household chores with the aid of the same. Somewhat incongruously, the attending provider then noted that the applicant exhibited an antalgic, slow gait. In an earlier note dated May 15, 2014, it was stated that the applicant was using a walker to move about. The attending provider sought authorization for transportation to and from all appointments on behalf of the applicant.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Trigger Point Injection to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Colorado, 2002

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain. In this case, the applicant's primary pain generator is, in fact, residual radicular pain following earlier failed lumbar fusion surgery. It is further noted that page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat trigger point injections be predicated on evidence of functional improvement with earlier trigger point injections. In this case, however, the applicant is seemingly off of work. The applicant is having difficulty performing even basic activities of daily living, such as standing and walking, it is noted. Ongoing usage of trigger point injections on multiple occasions in 2014 alone has failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant is reportedly consuming at a rate of four to six tablets a day. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite multiple sets of trigger point injections over the life of the claim. Therefore, the request is not medically necessary.

Norco 10/325 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81. Decision based on Non-MTUS Citation Ballantyne, 2006; Furlan, 2006; Nicholas, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider has failed to outline any material improvements in function achieved as a result of the same. While the

attending provider did report the applicant's ability to clean and cook has reportedly been ameliorated as a result of ongoing Norco usage, this appears to be a marginal to negligible benefit, one which is outweighed by the applicant's failure to return to work and the applicant's difficulty performing activities of daily living as basic as ambulating. The applicant is apparently using a walker to move about and has sought transportation to convey him to and from office visits. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Prilosec 20 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk: Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is apparently having issues with stand-alone dyspepsia/stand-alone gastritis, reportedly attenuated with Prilosec. Continued usage of the same is therefore indicated. Accordingly, the request is medically necessary.