

<b>Case Number:</b>	CM14-0130611		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/14/2001
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 70-year-old male who was reportedly injured on 4/14/2001. The mechanism of injury was not listed. The most recent progress note dated 4/3/2014, indicated that there were ongoing complaints of low back pain with radiation into lower extremities. Physical examination demonstrated pain with manipulation of his lumbar spine in all planes: Flexion 30° and extension 10°. There was positive straight leg raise and the injured worker was unable to heel to toe walk with antalgic gait. There was also myofasciitis from L2 to sacrum with significant muscle spasm, moderate to severe sacroiliitis, decreased pinprick to right lateral calf. Ankle jerk reflex was diminished on the right. There was also plantar flexion weakness. Magnetic resonance image of the lumbar spine showed multiple areas of neural foraminal narrowing, L1-S1 and severe central canal narrowing at L3-L4 and moderate to severe central canal narrowing at L4-L5 (per clinician's progress note). Previous treatment included lumbar epidural steroid injections, trigger point injections (7/7/2014, 8/4/2014) and medications to include Oxycontin, Norco, Zofran, Replax and most recently Roxicodone. A retrospective request was made for 10 lumbar ultrasound guided trigger point injections on 7/7/2014 and Roxicodone 15 mg #90, which were not certified in the utilization review on 8/6/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 lumbar ultrasound guided trigger point injections: 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 California Medical Treatment Utilization Schedule treatment guidelines supports trigger point injections for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation and failure to respond to conservative medical management therapies. The available medical records do not provide sufficient clinical documentation of a twitch response. Furthermore, the record provides evidence of lumbar radiculopathy. As such, this request is not considered medically necessary.

**Roxicodone 15mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain after a work-related injury in 2001; however, there is no objective clinical documentation of improvement in the pain or function with the use of Roxicodone since 2013. As such, Roxicodone 15mg #90 is not considered medically necessary.