

Case Number:	CM14-0133006		
Date Assigned:	09/19/2014	Date of Injury:	03/04/2004
Decision Date:	10/27/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 36-year-old male, who reported an injury on 03/04/2004. The mechanism of injury was not submitted for clinical review. The diagnoses included myalgia, chronic periodontitis, lumbar postlaminectomy syndrome, status post PLIF, bilateral lower extremity radiculopathy, situational department, spinal cord stimulator placement, and cervical spine myoligamentous injury. Previous treatments included medication, cognitive behavioral therapy, epidural steroid injections, and spinal cord stimulator implant. The diagnostic studies included an EMG and MRI of the lumbar spine. Within the clinical note dated 06/20/2014, it was reported the injured worker complained of low back pain. He rated his pain 5/10 in severity. Upon the physical examination, the provider noted the injured worker had lumbar tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points noted, which were palpable and tender throughout the lumbar paraspinal muscles. There was decreased range of motion with flexion and extension. A positive straight leg raise was significantly noted on the left at about 30 degrees in a seated position. The injured worker had decreased sensation of the left lower extremity. The range of motion of the lumbar spine was flexion at 45 degrees and extension at 15 degrees. The provider requested trigger point injections, Norco, Anaprox, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: TRIGGER POINT INJECTIONS PERFORMED 6/20/14: 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 Trigger Point Injections Page(s): 122.

Decision rationale: The California MTUS Guidelines recommend lumbar trigger point injections only for myofascial pain syndrome with limited lasting value, and it is not recommended for radicular pain. 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, including the documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy, such as ongoing stretching exercise, physical methods, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present on the physical examination; no more than 3 to 4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The clinical documentation submitted failed to indicate the injured worker had failed on conservative therapies. The documentation submitted indicated the injured worker had a positive straight leg raise. Additionally, the request submitted failed to provide the treatment site of the medication and the number of injections to be given. The request for retro: trigger point injections performed 6/20/14 is not medically necessary.

RETRO: NORCO 10/325MG (DISPENSED 6/20/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. Additionally, the use of the urine drug screen was not submitted for clinical review. Therefore, Norco 10/325mg (dispensed 6/20/14) is not medically necessary.

RETRO: ANAPROX DS 500MG (DISPENSED 6/20/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-67.

Decision rationale: The California MTUS Guidelines note naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend Anaprox at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the quantity of the medication. The request for retro: Anaprox DS 500mg (dispensed 6/20/14) is not medically necessary.

RETRO: PRILOSEC 20MG (DISPENSED 6/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events and/or cardiovascular disease include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, and use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, and/or adding an H2 receptor antagonist or a proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. Additionally, there is no clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, The request for retro: Prilosec 20mg (dispensed 6/20/14) is not medically necessary.