

Case Number:	CM14-0147095		
Date Assigned:	09/15/2014	Date of Injury:	11/07/2000
Decision Date:	10/15/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/10/2014

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 Preventive 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:

According to the records made available for review, this is a 38-year-old male with an 11/7/00 date of injury. At the time (8/18/14) of request for authorization for Hydrocodone (Norco) 7.5/325mg #60 with 2 refills and Retrospective Trigger Point Injection, DOS: 8/18/14, there is documentation of subjective (neck and low back pain) and objective (decreased lumbar and cervical range of motion; tenderness to palpation over lumbar paraspinal, bilateral upper trapezius, and cervical paraspinal with multiple triggers; and positive taut bands) findings, current diagnoses (cervical disc degeneration, lumbar herniated disc, chronic pain syndrome, and depression), and treatment to date (trigger point injection and medications (including ongoing treatment with Norco, Metaxalone, Celebrex, and Protonix)). Medical reports identify that Norco helps manage patient's symptoms, is able to do home chores, prepare meals, clean, cook, and do laundry. In addition, there is documentation that without pain medication, patient is bedbound due to severe back pain. Regarding Hydrocodone (Norco), there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, appropriate medication use, and side effects. Regarding Retrospective Trigger Point Injection, there is no documentation of greater than 50% pain relief obtained for six weeks after an injection, documented evidence of functional improvement following previous injection, and injections not at an interval less than two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) 7.5/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical disc degeneration, lumbar herniated disc, chronic pain syndrome, and depression. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation and that Norco helps manage patient's symptoms, that patient is able to do home chores, prepare meals, clean, cook, and do laundry with medication, and that without pain medication, patient is bedbound due to severe back pain, there is documentation of functional benefit and an increase in activity tolerance as a result of Norco use to date. However, despite documentation of functional status and appropriate medication use, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, and side effects. Furthermore, despite documentation of functional benefit and increase in activity tolerance, there is no documentation of reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone (Norco) 7.5/325mg #60 with 2 refills is not medically necessary.

Retrospective Trigger Point Injection, DOS: 8/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS

Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of cervical disc degeneration, lumbar herniated disc, chronic pain syndrome, and depression. In addition, there is documentation of previous trigger point injections. However, given documentation of last trigger point injection on 8/7/14, there is no documentation of greater than 50% pain relief is obtained for six weeks after an injection and injections not at an interval less than two months. In addition, there is no documentation of documented evidence of functional improvement following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Trigger Point Injection, DOS: 8/18/14 is not medically necessary.