

Case Number:	CM14-0159106		
Date Assigned:	10/02/2014	Date of Injury:	08/19/2005
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 66 years old female with an injury date on 08/19/2005. Based on the 08/27/2014 progress report provided by [REDACTED], the diagnoses are: 1. Radiculopathy, L/S2. Failed back syndrome, lumbar3. Fibromyalgia/myositis According to this report, the patient complains of back pain with tingling down the left posterior leg. The patient described the pain as aching, annoying, constant, excruciating, radiating, sore, and tight. Pain is rated as a 6/10 for least pain, 10/10 for worst pain, and 9/10 for current pain. Physical exam reveals tenderness at the right cervical paraspinous muscle. Palpable twitch positive for trigger points are noted in the muscles of the head, neck, and lumbar paraspinous muscles. Palpation of the lumbar facet reveals pain bilaterally at L3-S1 region and over the lumbar intervertebral space. Range of motion of the cervical and lumbar is restricted with pain. Straight leg raise is positive, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 09/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/01/2014 to 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Pain Assessment, Criteria for Use of Opioids and opioid for chroni.

Decision rationale: According to the 08/27/2014 report by [REDACTED] this patient presents with back pain with tingling down the left posterior leg. The treater is requesting 1 prescription of Percocet 10/325mg #180. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Percocet was first mentioned in the 05/01/14 report; it is unknown exactly when the patient initially started taking this medication. The reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's pain with and without medication. There are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Percocet. There is no opiate monitoring such as urine toxicology. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore, the request of Percocet 10/325mg #180 is not medically necessary and appropriate.

MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter; Magnetic resonance imaging

Decision rationale: According to the 08/27/2014 report by [REDACTED] this patient presents with back pain with tingling down the left posterior leg. The treater is requesting MRI of the lumbar spine without contrast. The utilization review denial letter states "The patient does not have a red flag condition and does not have a new subacute or chronic condition that has lasted for 4-6 weeks." Regarding MRI, ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of included file does not show an MRI report or discussion of an MRI following the patient's lumbar surgery. In this case, the patient presents with radicular pain down the leg, and positive Straight leg raise. Given the patient's persistent radicular symptoms, a neurologic sign/symptom, and failure of conservative care, and a history of back surgery, an updated MRI with contrast would be reasonable. Therefore, the request of MRI of the lumbar spine without contrast is medically necessary and appropriate.

Eight (8) trigger point injections with Depomedrol, Marcaine and Lidocaine: 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: According to the 08/27/2014 report by [REDACTED] this patient presents with back pain with tingling down the left posterior leg. The treater is requesting 8 trigger point injections with Depomedrol, Marcaine and Lidocaine. Regarding trigger points, MTUS recommends injections if examination findings show tenderness without band and referred pain. In this case, the patient does present with myofascial pain. The physical examination, however, does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. Furthermore, MTUS recommend "Not more than 3-4 injections per session." The requested 8 trigger point injections are not supported by the guidelines. Therefore, the request of eight (8) trigger point injections with Depomedrol, Marcaine and Lidocaine is not medically necessary and appropriate.