MAXIMUS Federal Services

Case Number:	CM14-0159986		
Date Assigned:	10/03/2014	Date of Injury:	04/02/1986
Decision Date:	11/06/2014	UR Denial Date:	08/29/2014
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 Family Practice and is licensed to practice in Texas and Missouri. 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 an 85-year-old male who reported injury on 04/02/1986. Mechanism of injury was not submitted for review. The injured worker has diagnosis of spinal stenosis, low back pain, and sciatica. Past medical treatment consists of physical therapies, ESIs, and medication therapy. Medications include Lyrica, Pennsaid and Vicodin. The injured worker underwent an MRI which revealed spinal stenosis, degenerative disc disease, and degenerative joint disease. On 12/17/2013, the injured worker complained of lumbosacral pain. Physical examination revealed that the injured worker had spasms in the paraspinal region, trigger points at L5. Sciatic to the right, sciatic to the left and iliac crest. Range of motion was decreased by 50%. Sensory exam was abnormal, motor exam was normal. Deep tendon reflexes were normal. The treatment plan is for the injured worker to continue the use of diclofenac sodium, and undergo an ultrasound guided trigger point injection to the L5 region of the lumbar spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Diclofenac Sodium (Pennsaid) drops 1.5% #150 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-71.

Decision rationale: The request for diclofenac sodium is not medically necessary. The California Medical Treatment Utilization Schedule state that diclofenac is a prescription nonsteroidal anti-inflammatory medication. All NSAIDS carry a risk of adverse cardiovascular events including myocardial infarction, stroke and worsening hypertension. Guidelines also state that NSAIDS can cause GI symptoms such as ulcers, bleeding in the stomach, abdominal cramps, nausea and diarrhea. Nonprescription medication may be sufficient for both acute and subacute symptoms when used in conjunction with activity modification and ice or heat therapy. The submitted documentation indicates that the injured worker had been taking Pennsaid since at least 06/2013, exceeding the recommended guidelines for short term therapy. Additionally, the efficacy of the medication was not submitted for review to warrant continuation of the medication. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

One ultrasound-guided trigger point injection to L5 region: 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: The request for 1 ultrasound guided trigger point injection to the L5 region is not medically necessary. The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome and states that they are not recommended for radicular pain. Criteria for the use of trigger point injections include 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 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 repeat injections are not warranted unless a greater than 50% pain relief is obtained for 6 weeks after a previous injection and there is documented evidence of functional improvement. Additionally, they indicate that frequencies should not be at an interval less than 2 months. The report submitted for review indicate did state that the injured worker had positive trigger points with evidence upon palpation of a twitch response, as well as referred pain, the report lacked any evidence of ongoing stretching exercise, physical therapy, NSAIDS and muscle relaxants. Given the above, the injured worker is not within the recommended guidelines. As such, the request for trigger point injections is not medically necessary.