MAXIMUS Federal Services

Case Number:	CM14-0096344		
Date Assigned:	07/28/2014	Date of Injury:	05/15/2005
Decision Date:	10/08/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 70 year-old individual was reportedly injured on 5/15/2005. The injured worker worked in childcare injured due to a slip and fall while running to stop a fight in another room. The most recent progress note, dated 6/6/2014, indicates that there are ongoing complaints of low back pain. The physical examination has minimal findings and is hand written and only partially legible. It includes a picture of the lumbar spine, with area shaded on the right mid and lower aspect of the lumbar spine. Positive straight leg raise. No other objective clinical findings were documented on the status service. Diagnostic imaging studies including MRI of the lumbar spine dated 4/10/2014 team revealed prior posterior fusion with surgical screws from L3-L5, decompression laminectomy at L3-L5. Previous treatment includes lumbar fusion, medications, and conservative treatment. A request had been made for Norco 10/325 mg #240, Klonopin 0.5 mg #90, bone scan, trigger point injections #6, and was not certified in the pre-authorization process on 6/13/2 of 14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: 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, 88, 91of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at 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 injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

KLONOPIN 0.5MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. After review the medical records provided as well as treatment guidelines this recommendation is deemed not medically necessary.

1 BONE SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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-Lumbar and Thoracic. (Acute and Chronic). Bone Scan. Updated 8/22/2014.

Decision rationale: The ODG guidelines state a bone scan is not recommended unless the following criteria are suspected: bone infection, cancer, or arthritis. Bone scans are used to detect metastases, infection, inflammatory arthropathys, significant fracture, or other significant bone trauma. After review the medical records provided, there was no documentation of any of the red flags that would be associated with the above stated criteria. Therefore this request for this diagnostic study is not medically necessary.

6 TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122 of 127..

Decision rationale: CA MTUS treatment guidelines support trigger point injections only 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, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not note a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Furthermore, the record provides clear evidence of a suspected radiculopathy rather than myofascial pain syndrome. Based on the information provided, this request is not medically necessary.