

Case Number:	CM14-0211224		
Date Assigned:	12/24/2014	Date of Injury:	01/20/2010
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old male with a date of injury of 01/22/2010. According to progress report dated 09/18/2014, the patient presents with low back pain, buttock pain, leg pain, feet pain, and stomach pain. The patient's current medication regimen includes Percocet 10/325 mg, Butrans 20 mcg/hr patch, clonidine 0.1 mg, Exalgo 12 mg, Suboxone 2 mg, docusate sodium 100 mg, gabapentin 600 mg, Protonix 40 mg, and semithicone 80 mg. Examination notes the patient does not report any new profound weakness or instability and reports experiencing frustrated mood due to persistent pain. Physical examination notes, "Patient is healthy, well-appearing male, in no apparent distress. Patient ambulates without a device. Gait of patient is normal." It is noted that a trigger point injection was administered to address the patient's regional soft tissue spasm. Treater states that an injection was administered as the patient has lumbar myofascial pain, areas of spasm. The listed diagnoses are: 1. Lumbago. 2. Sciatica. 3. Chronic pain syndrome. 4. Pain in limb. 5. Reflex sympathetic dystrophy of lower limb. Treatment plan was for the patient to detox for medications. Refill of current medications are to be dispensed until detox is set up. The utilization review denied the request on 12/03/2014. Treatment reports from 04/14/2013 through 10/23/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Trigger Point Injections, Lumbar Area: 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: This patient presents with chronic low back, buttock, and leg pain. The current request is for retro trigger point injections, lumbar area. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger-point injections, "Recommended only for myofascial pain syndrome and limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persistent for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, recommendation cannot be made as the patient has radiating symptoms with the diagnosis of sciatica. MTUS recommends TPIs when radiculopathy is not present. Furthermore, there is no evidence of "twitch response" or taut bands as required by MTUS. The requested lumbar TPI is not medically necessary.

Percocet 10/325MG Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 60,61;76-78;88-89.

Decision rationale: This patient presents with chronic low back, buttock, and leg pain. The current request is for Percocet 10/325 mg qty 90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been utilizing Percocet as early as 04/14/2014. According to progress report dated 05/08/2014, the patient continues with medications, and detox was discussed at length. The patient continues to be frustrated by the lack of improvement but is stable on pain medications with some improvement in symptoms. A urine drug screen was obtained on this date. According to progress report dated 07/03/2014, the patient presents for medication refill. The patient does not have evidence of diversion or misuse of medications, and there is no side effects noted. The patient reports that medications "are providing him with a meaningful degree of pain relief." The patient is able to provide specific example of functional improvement due to the use of pain-relieving

medication." Medications enhanced patient's ability to perform activities of daily living without having any intolerable side effects. Progress report dated 08/07/2014 notes the patient has exacerbation of pain, which is rated as 8/10. Plan was for the patient to be set up with a detox program. In this case, recommendation for further use of Percocet cannot be supported as there are no discussions regarding specific functional improvement, changes in ADL, or change of work status to document significant functional improvement. There are no outcome measures including a before-and-after pain scale to denote a decrease in pain with medications. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Percocet is not medically necessary.