

Case Number:	CM14-0213499		
Date Assigned:	12/31/2014	Date of Injury:	05/25/2000
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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, Pain Management

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 a 53 year-old male with a date of injury of May 25, 2000. The patient's industrially related diagnoses include chronic pain syndrome, thoracic and lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, myalgia and myositis, dysesthesia, muscle spasms, and pain induced anxiety. MRI of the lumbar spine on 3/11/13 showed L1-2 mild anterior disc bulge, L3-4 left lateral disc extrusion extending into the left neuroforamen causing severe left neuroforaminal stenosis and impinging on the left L3 nerve root. The disputed issues are deep lumbar fascia trigger point injections, Oxycodone 100mg #15, and Norco 10/325mg #90. A utilization review determination on 11/19/2014 had non-certified and modified these requests. The stated rationale for the denial of deep lumbar fascia trigger point injections was: "The guidelines below clearly state that trigger point injections are not allowed in patients who have radiculopathy so the request cannot be approved." The stated rationale for the partial certification of Oxycodone and Norco was: "The request is modified. Documentation submitted does not provide sufficient justification with regard to quantified and functional benefit to approve high dose opioids. Thus, both oxycodone and hydrocodone is weaned."

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Lumbar Fascia Trigger Point Injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (web edition)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Trigger Point Injection Section. Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: With regard to the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the progress note dated 11/4/2014 and made available for review, there was documentation of subjective complaints of spasms across the low back and positive physical examination findings of bilateral lumbar paraspinal muscles and ligaments spasms, moderate to severe. Furthermore, there was documentation of failed conservative treatment of heat, ice, gentle stretching, and medication use for 3 months. Based on the documentation, the requested trigger point injections are medically necessary.

Oxycodone 10mg, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 75-80.

Decision rationale: With regard to the request for Oxycodone 10mg, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Pain relief was documented with pain level noted to be 10/10 without medication and 4/10 with medication. Furthermore, improvement in function was noted with specific examples of being able to complete ADL and walk with the medications. However, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Furthermore, there was no rationale provided as to why a second short acting pain medication is being prescribed when the documentation indicates that Norco

was already reducing the injured worker's pain. Based on the lack of documentation, medical necessity for the requested Oxycodone 10mg cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he sees fit or supply the requisite monitoring documentation to continue this medication.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 75-80.

Decision rationale: With regard to the request for Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Pain relief was documented with pain level noted to be 10/10 without medication and 4/10 with medication. Furthermore, improvement in function was noted with specific examples of being able to complete ADL and walk with the medications. However, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for the requested Norco 10/325mg cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he sees fit or supply the requisite monitoring documentation to continue this medication.