

Case Number:	CM14-0048462		
Date Assigned:	06/30/2014	Date of Injury:	04/06/2010
Decision Date:	07/15/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/10/2014

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on 04/06/2010. He has reported injury to the low back. The diagnoses have included low back pain; lumbar radiculopathy; medication-induced gastritis; status post L3-4, L4-5, and L5-S1 posterior lumbar interbody fusion, on 07/11/2012; and lumbar post-laminectomy syndrome. Treatment to date has included medications, diagnostics, chiropractic therapy, physical therapy, spinal cord stimulator implantation; and surgical intervention. Medications have included Norco, Naprosyn, Neurontin, Trazodone, and Omeprazole. A progress note from the treating physician, dated 12/23/2014, documented a follow-up visit with the injured worker. The injured worker reported persistent low back pain with significant radicular symptoms to both lower extremities; pain is rated as 6 in intensity on a scale from 0 to 10; he continues to have pain and discomfort along the generator site of his lumbar spinal cord stimulator; it has been turned off for the past 7 months and he is requesting to have the spinal cord stimulator removed; his current oral analgesic medications, including Norco, Anaprox, Prilosec, and Neurontin, have all been beneficial; and he is adamant that his current medical regimen enables him to function on a daily basis with his eventual plan to return to work. Objective findings have included an antalgic gait, favoring the right lower extremity; he moves slowly in and out of the office; tenderness bilaterally of the posterior lumbar musculature and increased muscle rigidity; there are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscle; lumbar spine range of motion is decreased; sensation is decreased along the posterior lateral thigh and posterior lateral calf in approximately

the L5-S1 distribution bilaterally; and straight leg raise is positive bilaterally. Request is being made for trigger point injection x 4; and Norco 10/325 mg #180, filled 04/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection x4: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 of 127.

Decision rationale: This claimant was injured 5 years ago with a low back injury. As of 12-23, there is still pain. No overt trigger points are noted. He feels the medicine helps him to function, with an eventual return to work, however there is no report of actual return to work. There was a sprain of the right knee and sleep disturbance. The MTUS notes Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Classic triggering was not demonstrated. The patient has had them repeatedly in the past without long term, objective, functional benefit. The request is appropriately not medically necessary.

Norco 10/325 mg #180 filled 4/1/14: 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 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured 5 years ago with a low back injury. As of 12-23, there is still pain. No overt trigger points are noted. He feels the medicine helps him to function, with an eventual return to work, however there is no report of actual return to work. There was a sprain of the right knee and sleep disturbance. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical

supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued:(a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.