

Case Number:	CM15-0005638		
Date Assigned:	01/26/2015	Date of Injury:	11/21/1998
Decision Date:	03/20/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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: Massachusetts

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 50 year old male, who sustained an industrial injury on 11/21/1998. The diagnoses have included cervical post laminectomy syndrome, lumbar post laminectomy syndrome, chronic pain syndrome, and anxiety disorder. Treatment to date has included surgical interventions and conservative measures. The progress note, dated 9/25/2014, noted x-ray of the lumbar spine as showing stable appearance of fusion, L4-S1. Currently, the injured worker complains of back and neck pain, rated 0/10 with medications and 10/10 without medications. Physical exam noted tenderness of the sacrum, paraspinal region at L5, the gluteus maximus, and the piriformis. Decreased sensation of the knee and medial leg, L4, and on the lateral leg and dorsum of the foot, L5, and decreased sensation on the sole of the foot and the posterior leg, S1. Trigger Point Injection, with ultrasound guidance, was noted to muscle groups identified as bilateral trapezius, bilateral spinatus, and bilateral rhomboid on 12/17/2014. Medication refills were requested. On 12/24/2014 Utilization Review (UR) modified a request for MS Contin 60mg #90 to MS Contin 60mg #81, and a request for Norco 10/325mg #180 to Norco 10/325mg #162, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR non-certified a request for Trigger Point Injections (TPI), date of service 12/17/2014, and Ultrasound Guidance for TPI, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections DOS 12/17/14 QTY: 1.00: 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, 122 Page(s): 122.

Decision rationale: The claimant has a remote history of a work injury and continues to be treated for chronic pain. When seen by the requesting provider he had lumbar paraspinal and gluteal tenderness. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore a trigger point injection was not medically necessary.

Ultrasonic Guidance for TPI's DOS 12/17/14: 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: The claimant has a remote history of a work injury and continues to be treated for chronic pain. When seen by the requesting provider he had lumbar paraspinal and gluteal tenderness. In terms of the trigger point injections performed, these were not medically necessary and therefore the ultrasound guidance done on the date of service was not medically necessary.

MS Contin 60mg QTY: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Opioids, pages 47 & 87

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury and continues to be treated for chronic pain. Medications include opioids at a total MED (morphine equivalent dose) at over 400 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 3 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.

Norco 10/325mg QTY: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Opioids, pages 47 & 87

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury and continues to be treated for chronic pain. Medications include opioids at a total MED (morphine equivalent dose) at over 400 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 3 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.