

Case Number:	CM15-0013850		
Date Assigned:	02/02/2015	Date of Injury:	05/24/2004
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on May 24, 2004. The diagnoses have included lumbago, shoulder region disc nec, myofascial pain syndrome, and fibromyalgia. Treatment to date has included pain medication and previous trigger point injection. Currently, the injured worker complains of bilateral shoulder pain, left arm pain, back pain, neck pain, and bilateral knee pain. The injured worker rated the pain a 10 on a 10/point scale without medications and an 8 on a 10/point scale with medications. On examination, the cervical spine had decreased flexion, extension, rotation, left lateral bending and right lateral bending. The left upper extremity had tenderness in the subacromial space and the bicipital groove. On December 24, 2014 Utilization Review modified and non-certified a request for Norco 10/325 mg #240 with one refill and Six (6) trigger point injections for the scapular and thoracic areas respectively, noting that due to the long term use of Norco weaning was recommended and noting that there was no documentation of myofascial trigger points within the scapular musculature or evidence of a twitch response and referred pain from palpation. There was no documentation of greater than 50% pain relief from previous trigger point injections. The California Medical Treatment Utilization Schedule was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg #240 with one refill and Six (6) trigger point injections for the scapular and thoracic areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #240 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #240 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbago, low back pain; shoulder region; myofascial pain syndrome/fibromyalgia. Subjectively, the injured worker has complaints of shoulder pain and left arm pain that increases with weather change. He is doing well on current medications and asked to change the Soma for something else. He is having increased in muscular pain in the scapular area and is asking for repeat trigger point injections. The injured worker's date of injury is May 24, 2004. The documentation indicates the injured worker was taking Norco and OxyContin back in 2004. The documentation from June 14, 2010 indicates the injured worker was taking Norco 10/325. The most recent progress note in the medical record indicates the injured worker is taking Norco 10/325 mg. However, the injured worker is taking Norco 10/325 mg eight tablets per day. The documentation does not contain evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norco (while taking a tablets per day), Norco 10/325 mg #240 with one refill is not medically necessary.

Six (6) trigger point injections for the scapular and thoracic area: 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. Decision based on Non-MTUS Citation Pain section, Trigger point injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #6 trigger point injections to the scapular and thoracic area are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some

positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicalgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbago, low back pain; shoulder region; myofascial pain syndrome/fibromyalgia. Subjectively, the injured worker has complaints of shoulder pain and left arm pain that increases with weather change. He is doing well in current medications and asked to change the Soma for something else. He is having increased muscular pain in the scapular area and is asking for repeat trigger point injections. The injured worker's date of injury is May 24, 2004. The documentation indicates the injured worker was taking Norco and OxyContin back in 2004. The documentation from June 2010 indicates the injured worker had #20 trigger point injections. A review of the documentation indicates continued, multiple trigger point injections throughout the treatment regimen. The total number of trigger point injections is unclear to date. Additionally, the documentation does not contain evidence of circumscribed trigger points with evidence upon palpation of which response. The documentation does not state whether injections resulted in a 50% pain relief for six weeks post injection with evidence of objective functional improvement. The guidelines do not recommend more than 3 to 4 injections per session. The treating physician is requesting six trigger point injections to the scapula and thoracic area. Consequently, absent clinical documentation containing clinical criteria for trigger point injections, #6 trigger point injections to the scapula and thoracic area are not medically necessary.