MAXIMUS Federal Services

Case Number:	CM15-0113159		
Date Assigned:	06/19/2015	Date of Injury:	06/22/2012
Decision Date:	07/28/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: Pennsylvania, Ohio, 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 injured worker is a 55 year old male, who sustained an industrial injury on 06/22/2012, secondary to a fall landing on his back and he reported that he felt immediate pain in his right knee. On provider visit dated 05/20/2015 the injured worker has reported right knee, right foot/ankle and lumbar spine pain. On examination of the lumbar spine revealed a decreased lumbar lordosis, multiple areas of trigger point tenderness over the left paraspinal area extending into the left gluteal area. Range of motion was noted to be decreased. Right knee surgical wounds were noted to be clean and without signs of infections, decreased sensation lateral right foot and heel. And tenderness to palpation over the peroneal tendon repair site. The diagnoses have included status right arthroscopy with improvement, right foot plantar fasciitis, right foot peroneus brevis split tear, status post-surgery, multilevel degenerative disc disease- lumbar spine and left L4-L5 herniated nucleus pulposus. Treatment to date has included medications: Norco, Flexeril and Ibuprofen, and injections. The injured worker was noted to be temporary totally disabled. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity noted with current medication regimen. The provider requested injection to lumbar spine - Depo Medrol, Flexeril and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection to lumbar spine, Depo Medrol 40mg/1cc of Lidocaine (DOS: 5/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 112.

Decision rationale: MTUS recommends trigger point injections based on specific clinical criteria, including documentation of circumscribed trigger points with a twitch response as well as failure to respond to specific first-line treatment and absence of radiculopathy. The records in this case do not clearly document trigger points as defined in MTUS and an alternate rationale has not been provided. This request is not medically necessary.

Flexeril 10mg one every 8 hours as needed, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

Norco 10/325mg one-two every 12 hours as needed, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.