

Case Number:	CM15-0114272		
Date Assigned:	06/25/2015	Date of Injury:	08/26/1982
Decision Date:	07/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 32 year old male, who sustained an industrial injury on 08/26/1982. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical myofascial pain, lumbar myofascial pain, closed head injury, chronic pain syndrome, and basilar skull fracture. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated 04/01/2015 the treating physician reports complaints of pain to the low back, neck, mid back, and the leg. Examination reveals cervical tightness, trigger points to the bilateral levator muscle group, trigger points and myofascial restrictions to the bilateral gluteus medius and piriformis muscle groups, and a positive straight leg raise bilaterally. The injured worker's medication regimen included Fioricet, Cymbalta, Lunesta, Norco, Celebrex (Celecoxib), Amlodipine, Tegretol, and Atorvastatin. The injured worker's pain level is rated as an 8 to the low back and mid back, and a 9 to the neck and to the leg. The treating physician noted that the injured worker's pain level decreases from 10 to a 6 with use of the medication Norco. The treating physician requested in-office trigger point injections performed on 04/01/2015 with the treating physician noting that use of this treatment is to break the pain/spasm cycle. The treating physician also requested the medication of Celecoxib 200mg with a quantity of 30, but the documentation did not indicate the specific reason for this requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury of 1982 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Celecoxib 200mg Qty: 30 is not medically necessary and appropriate.

Trigger point injection; In office injection on 4/1/2015 Qty: 1: 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 injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs which are medically contraindicated for TPIs criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injection; In office injection on 4/1/2015 Qty: 1 is not medically necessary and appropriate.