

Case Number:	CM15-0122747		
Date Assigned:	07/07/2015	Date of Injury:	07/27/2004
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, New York, 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 applicant is a represented 58-year-old who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of July 27, 2004. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for Restoril and a trigger point injection. A prescription form/order form dated May 26, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In June 26, 2014 progress note, the applicant reported ongoing complaints of low back pain, 6/10, status post recent cortisone injections. TENS unit, Zanaflex, Restoril, and Norco were endorsed. The applicant's permanent work restrictions were renewed. A trigger point injection was apparently performed in the clinic. It was not clearly stated whether the applicant was or was not working with said permanent limitation in place, although this did not appear to be the case. On April 29, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar laminectomy and fusion surgery. 10/10, severe back pain complaints were reported. Positive left sided straight leg raising was appreciated with hyposensorium noted about the bilateral thighs. Zanaflex, Percocet, Restoril, and a TENS unit were endorsed. A trigger point injection was performed in the clinic. A lumbar epidural steroid injection was also sought owing to residual lumbar radicular pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg (Rx 05/26/15) Qty 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Restoril, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such Restoril may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the attending provider indicated on his April 29, 2015 progress note that the applicant was using Restoril on a nightly use basis, for sedative effect. This is not, however, an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.

Trigger Point Injection Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Similarly, the request for a trigger point injection was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for radicular pain as was/is present here. The applicant had ongoing complaints of low back pain radiating to the left leg evident on an April 29, 2015 office visit. The applicant had residual radicular complaints status post earlier lumbar fusion surgery, the treating provider reported on that date. An epidural steroid injection was sought on that date, presumably for radicular pain complaints. The trigger point injection at issue, thus, was not indicated in the context of the applicant's ongoing lumbar radicular symptoms. As was further noted, the trigger point injection in question represented a repeat trigger point injection. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates, however, that pursuit of repeat trigger point injections should be predicated on lasting analgesia and functional improvement with earlier blocks. Here, however, permanent work restrictions were renewed on April 29, 2015, unchanged from previous visits. It did not appear that the applicant was working with said limitations in place. Zanaflex, Restoril, and Percocet were also renewed on that date. It did not appear, in short, that receipt of earlier trigger point injections over the course of the claim had either reduced the applicant's work restrictions, improved the applicant's performance of activities of daily living, generated lasting analgesia, or diminished the applicant's dependency on other forms of medical treatment, including opioids and benzodiazepines. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS

9792.20e, despite receipt of multiple prior trigger point injections. Therefore, the request for a repeat trigger point injection was not medically necessary.