

<b>Case Number:</b>	CM15-0122970		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

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 56-year-old male who sustained an industrial injury on 4/1/11. Treatments include medication, physical therapy, chiropractic care, epidural injections, facet blocks and surgery. Progress note dated 5/19/15 reports continued complaints of low back pain radiating to the right lower extremity with numbness and weakness. The pain is rated 8/10. The pain medications are controlling his pain better and he would also like trigger point injections. Diagnoses include post-lumbar laminectomy syndrome, status post lumbar laminectomy on 1/3/12, degenerative spondylolisthesis and chronic pain syndrome. Plan of care includes: start functional restorative program, continue medications; neurontin, nortriptyline, prilosec, percocet, MiraLax powder and colace. Work status: remains not fit for duty. Follow up on 6/15/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Prilosec 20mg 1-2 tabs QD #60 DOS 05/19/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

**Retrospective request for Miralax powder as directed for constipation DOS 05/19/2015:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Miralax powder, California Pain Medical Treatment Guidelines support the prophylactic treatment of constipation for patients undergoing opioid therapy. Within the documentation available for review, the patient is taking opioids. However, there are no complaints of constipation and, given that the patient is also utilizing another agent for constipation, no rationale is presented identifying the medical necessity of multiple concurrent treatments for this condition. In light of the above issues, the currently requested Miralax powder is not medically necessary.

**Retrospective request for Trigger point injections X 4 over the right low back and buttock DOS 05/19/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 122.

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections provided trigger points are present on physical examination, defined as circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain, and radiculopathy is not present (by exam, imaging, or neuro-testing). They also cite that there should be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, and the frequency should not be at an interval less than two months. Within the documentation

available for review, while "muscle twitch points" are noted, the physical examination findings are not clearly consistent with trigger points as defined above. Furthermore, there is no evidence of failure of targeted conservative management. The patient does have evidence of radiculopathy, which should not be present if TPIs are considered per the CA MTUS. Finally, there was no evidence of functional improvement described from prior TPIs and it appears that repeat injections were recommended prior to the 2-month interval recommended by the CA MTUS. In light of the above issues, the requested trigger point injections are not medically necessary.