

<b>Case Number:</b>	CM15-0124007		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	09/16/1995
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male who sustained an industrial injury on 9/16/95. Pain management progress note dated 6/3/15 reports continued complaints of pain in his neck, low back, bilateral shoulders left greater than right and right knee. He has significant pain relief with intrathecal morphine which has allowed him to wean off Oxycontin and slowly cut back on Norco. Neck and low back pain rated 6/10. Diagnoses include: lumbar spine sprain/strain syndrome, lumbar facet arthropathy, left lower extremity radiculopathy, left knee below knee amputation in 1996, post traumatic stress disorder, right rotator cuff tear, s/p arthroscopic repair, 5/1/09, right knee internal derangement, status post arthroscopic surgery two times with posterior cruciate ligament repair, temporomandibular joint dysfunction, medication induced gastritis, permanent implantation intrathecal infusion pump, 1/8/15. Treatment plan includes: increase intrathecal infusion pump from 2.2 mg to 3.0 mg per day, current medications refilled, prescription given for Norco 10/325 mg #90, refer to orthopedic surgeon for ongoing bilateral shoulder pain, request consult with prosthetist. Follow up at the end of June.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections x 4 of 10cc of 0.25% Bupivacaine: 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 injections Page(s): 122.

**Decision rationale:** Trigger point injections x 4 of 10cc of 0.25% Bupivacaine are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there should be no repeat trigger point 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 that the frequency should not be at an interval less than two months. Prior trigger points were on 5/5/15 and there is no evidence of 50% pain relief and functional improvement for 6 weeks post injection. Furthermore, the trigger point injections are not being given at least 2 months apart therefore this request is not medically necessary.

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of objective functional improvement or pain relief. Furthermore, the request does not specify a quantity. For these reasons, the request for continued Norco is not medically necessary.