

Case Number:	CM15-0173442		
Date Assigned:	09/15/2015	Date of Injury:	04/19/2007
Decision Date:	10/15/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/02/2015

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: Emergency 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 female who sustained an industrial injury on 4-19-07. The assessment noted is a history of degenerative stenosis of the lumbar spine with industrial aggravation. She was given trigger point injections on 12-9-14 and 3-3-15. A progress report dated 12-9-14 notes a history of substance abuse and alcoholism and that has been sober for 20 years. She also has a history of bipolar disorder for which she takes Cymbalta and Seroquel and is noted she was given a prescription for a muscle relaxant by the psychiatrist and ended up in the emergency room 3 days later for an overdose. In an interval progress note dated 4-1-15, the physician reports she gets relief of pain with Norco, and rarely takes a Percocet 10mg for breakthrough pain which has been effective along with Lyrica 75mg 2 times a day. In an interval progress note-request for authorization dated 7-22-15, the physician reports ongoing low back pain rated at 7-8 out of 10 without medications. It is noted she has been reliant on aspirin. Recent testing reveals re-discovery of peptic ulcer, so she was counseled to stop taking aspirin. She has also been reliant on acupuncture and has been paying out of pocket for it. She is asking for medication other than a narcotic analgesic. Objective findings of the lower back are a loss of lumbar lordosis and tenderness at the central lumbosacral area. Active voluntary range of motion is guarded to approximately 45 degrees in forward flexion and 10 degrees in extension with complaints of back pain. Motor and sensory exam of the lower extremities are normal. The plan is trigger point injection to the lumbar spine and Gabapentin 400mg to be titrated upwards to three times a day as directed. Work status is that she is retired. The requested treatment of

outpatient (TPI) trigger point injection-lumbar and Gabapentin 400mg quantity of 90 with 2 refills was non-certified on 7-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient trigger point injection (TPI)-lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The requested Outpatient trigger point injection (TPI)-lumbar, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note Trigger point injections with a local anesthetic maybe recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The injured worker has a loss of lumbar lordosis and tenderness at the central lumbosacral area. Active voluntary range of motion is guarded to approximately 45 degrees in forward flexion and 10 degrees in extension with complaints of back pain. Motor and sensory exam of the lower extremities are normal. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the criteria percentage or duration of relief from previous injections. The criteria noted above not having been met, Outpatient trigger point injection (TPI)-lumbar is not medically necessary.

Gabapentin 400mg quantity 90 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The requested Gabapentin 400mg quantity 90 with two refills, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16- 18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to

nerve damage", and "Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction." The injured worker has a loss of lumbar lordosis and tenderness at the central lumbosacral area. Active voluntary range of motion is guarded to approximately 45 degrees in forward flexion and 10 degrees in extension with complaints of back pain. Motor and sensory exam of the lower extremities are normal. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 400mg quantity 90 with two refills is not medically necessary.