

Case Number:	CM15-0175252		
Date Assigned:	09/17/2015	Date of Injury:	06/23/2010
Decision Date:	10/21/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 injured worker is a 67year old female, who sustained an industrial injury on June 23, 2010, incurring knee, right shoulder, back and ankle injuries. She was diagnosed with a dislocated patella, rotator cuff syndrome of the right shoulder, thoracic sprain, lumbosacral neuritis, and ankle sprain. Treatment included pain medications, muscle relaxants, proton pump inhibitor and topical analgesic patches and restricted activities. Currently, the injured worker complained of right foot and ankle pain status post hardware removal and persistent right shoulder pain and discomfort. She was using a bone stimulator on both sides of the ankle, which gave her some relief. She noted loss of right shoulder range of motion rating the pain 8-9 on a pain scale of 1 to 10 without medications and 6-7 out of 10 with medications. Limited range of motion interfered with her self-care and grooming. The treatment plan that was requested for authorization on September 4, 2015, included trigger point injections to the right traps and deltoid; and prescriptions for Valium, and Norco. On August 6, 2015, a prescription for Valium 10mg #30 was non-certified; a prescription for Norco 10-325mg #180 was partially certified to Norco 10-325 #60; and ten outpatient trigger point injections to the right traps and deltoid was non-certified. A total of 6 trigger point injections were given on 7/17/15. No lasting benefits are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: 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): Benzodiazepines.

Decision rationale: MTUS Guidelines are very specific with the recommendation that Benzodiazepine use be limited to 4 weeks or shorter. Their long-term use of chronic pain or derivative issues from chronic pain is not supported in the Guidelines. This recommendation is more recently confirmed with quality evidence that long-term use is associated with an earlier onset of dementia. There are no unusual circumstances to justify an exception to Guidelines. The Valium 10mg #30 is not supported by Guidelines and is not medically necessary.

Norco 10/325mg #180: Overturned

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): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: MTUS Guidelines supports the long-term use of opioids if there is meaningful pain relief, improvement in function and the lack of drug related aberrant behaviors. These standards are documented to be met with this individual. Pain relief of 30-40% is documented also with improvement in tolerance of activity and ADL participation. No aberrant behaviors are documented. Under these circumstances, the Norco 10/325mg #180 is supported by Guidelines and is medically necessary.

Trigger point injections to the right traps and deltoid: 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: MTUS Guidelines have very specific standards recommended to support the use of trigger point in injections. These standards include limiting the number of injections from 3-4 injections and to justify repeat injections there should be a 50% improvement in pain lasting for at least 6 weeks. This individual had a prior series of 6 injection in July and there is/was no lasting improvements. Immediately after the injections, subjective improvement in pain was reported, but this was not reported a few weeks afterward. Due to the limited response and the excessive number of injections, the request is not supported by Guidelines and there are no

unusual circumstances to justify an exception to Guidelines. The Trigger point injections to the right traps and deltoid are not medically necessary.