

Case Number:	CM15-0023786		
Date Assigned:	02/13/2015	Date of Injury:	03/11/2002
Decision Date:	04/14/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

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 59-year-old male who reported an injury on 03/11/2002. The mechanism of injury involved a fall. The current diagnoses include hypertension, irritable bowel syndrome, sciatica, and status post lumbar fusion in 2008. The injured worker presented on 12/08/2014 for a follow-up evaluation with complaints of low back pain and numbness in the foot. The injured worker had been previously treated with physical therapy. It was also noted in 2010, the injured worker had been involved in a motor vehicle accident. The current medication regimen includes Tylenol No. 3, Soma 350 mg, and Celebrex 100 mg. Upon examination, there was tenderness at the lumbar spine, normal deep tendon reflexes, intact sensation, normal motor strength, trigger points at L4-5, and 25% reduced range of motion. Recommendations included continuation of the current medication regimen, as well as trigger point injections. A Request for Authorization form was then submitted on 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen-Codeine No.3 #60: 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 Page(s): 35.

Decision rationale: California MTUS Guidelines state codeine is recommended as an option for mild to moderate pain as indicated. It is used as a single agent or in combination with acetaminophen and other products for treatment of mild to moderate pain. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Carisoprodol 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication for an unknown duration. Guidelines would not support long-term use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

1 Ultrasound guided trigger point injection at L4-5: Upheld

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

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. In this case, there was no evidence of a failure of medical management therapy such as ongoing stretching exercise, physical therapy, or NSAIDs. There was no documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. Given the above, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically appropriate.