MAXIMUS Federal Services

Case Number:	CM15-0043971		
Date Assigned:	03/13/2015	Date of Injury:	05/31/2006
Decision Date:	05/18/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/09/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on May 31, 2006. She reported a fall landing on her bilateral knees and hands. The injured worker was diagnosed as having L4-5 annular tear, bilateral knee degenerative joint disease and chronic intractable pain. Treatment to date has included medications, injections, diagnostic studies, physical therapy, urine drug screen and exercises. On February 11, 2015, the injured worker complained of lower back pain and bilateral knee pain rated as a 7 on a 1-10 pain scale with medication and a 10/10 on the pain scale without medications. She also complained of bilateral hand and bilateral leg pain. The treatment plan included medications, urine drug testing and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: Based on the 1/20/15 progress report provided by the treating physician, this patient presents with bilateral hand numbness, increasing low back pain with numbness in right buttock/posterior thigh, and ongoing bilateral knee pain. The treater has asked for NORCO 10/325MG #180 on 1/20/15. The patient's diagnoses per request for authorization form dated 2/11/15 are L4-5 annular tear, bilateral knee degenerative joint disease, and chronic intractable pain. The patient does not have a prior history of surgeries to the back or to the knee per review of reports dated 3/10/14 to 2/11/15. The patient's pain is rated 10+/10 without use of medications and 10/10 with use of medications per 1/20/15 report. The patient continues to require bilateral total knee arthroplasty per 1/6/15 report. The patient has been taking Norco daily since 2006 per 12/16/14 report. The patient's current medications include Norco, Zanaflex, Topiramate, Gabapentin, Ascort inhaler, Provental, Primidone, Restoril, Ambien, seroquel, and Prilosec per 1/20/15 report. The patient's pain was 'moderately controlled' with Norco 10/325mg. P.O. Q 4 hours #180. The patient is permanent and stationery as of 1/20/15 report. MTUS Guidelines pages 88 and 89 states, 'Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been taking Norco since 2006 per 12/6/14 report. Norco has been included in patient's medications per treater reports dated 3/10/14, 7/7/14, and 1/20/15. The patient was at a higher level of function while obtaining 6 Norco a day per 1/20/15. The patient attempted to wean to 4 tablets of Norco a day on 12/8/14 report, but her pain was poorly managed on that dosage with increased VAS scores and 'four A's of pain management were not met' per 12/8/14 report. In this case, treater has not stated how Norco significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. The most recent urine drug screen on 5/19/14 showed inconsistent results as the test was positive for Temazpam and Phenobartbital, neither of which the patient was being prescribed at the time. The patient does have an opioid pain agreement on file per 1/20/15 report, but no CURES reports was provided in the documentation. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Trigger point injection lumbosacral junction: 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: According to the 01/20/2015 report, this patient presents with 10 plus "lower back pain with pain and numbness in the right buttock and right posterior thigh." The current request is for Trigger point injection lumbosacral junction. The request for authorization is not included in the file for review. The patient's work status is "permanent and Stationary." Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, the patient presents with lower back pain with numbness into the right lower extremity. The physical examination of the lumbosacral region does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. Trigger points injections would not be indicated in this situation as the patient presents with radiculopathy. The current request IS NOT medically necessary.