

<b>Case Number:</b>	CM15-0048819		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 31-year-old male who reported injury on 08/07/2012. The mechanism of injury was cumulative trauma. Prior therapies included physical therapy, home exercise program, and aquatic therapy. The documentation of 11/14/2013 revealed the objective findings revealed multiple myofascial trigger points and taut band throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal muscles as well as gluteal muscles. The diagnoses included chronic myofascial pain syndrome, cervical and thoracolumbar spine. Treatment included trigger point injections. The documentation indicated medications and physical therapy had failed to control the pain. The myofascial trigger points were in the cervical, thoracic and lumbar paravertebral musculature on examination. The sensation to pinprick was decreased in all digits of the bilateral hands. The physical examination was basically the same for 01/07/2014 and 02/11/2014. The documentation of 01/07/2014 revealed the injured worker received trigger point injections in the cervical, thoracic, and lumbar muscles. The medications that were dispensed included hydrocodone/APAP 10/325 mg 1 every 8 hours, Naproxen 500 mg 1 tab po TID. A urine drug screen was performed to monitor compliance with treatment regimen. The medication remained the same per the documentation of 02/11/2014, 06/10/2014, 07/22/2014, and 08/29/2014. The documentation of 08/29/2014 revealed the injured worker had multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal muscles as well as gluteal muscles. The injured worker indicated he received 50% reduction with trigger point injections. The treatment included trigger point injections x4. The request was made for hydrocodone/APAP 10/325 mg. The documentation of 07/22/2014 revealed the injured worker got 50% relief with the prior trigger point injections. The treatment plan included continuation of hydrocodone/APAP 10/325 mg. The documentation of 02/11/2014

revealed it was anticipated that the injured worker would have 50 % pain relief with medications and 50% or more improvement in function. There was no documented abuse, diversion or hoarding of the prescribed medication and no evidence of illicit drug use. Opiates had been utilized since May 2013. The documentation of 06/10/2014, 07/22/2014, and 08/29/2014 revealed the injured worker had constant pain. The injured worker was given hydrocodone / APAP 10/325 mg. The documentation indicated the injured worker had 50% pain relief, could function with activities of daily living 50% or more of the time, and there was no documented abuse, diversion or hoarding of the prescribed medication and no evidence of illicit drug use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request for 6 Trigger point injections DOS: 2/11/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The documentation indicated the injured worker had decreased grip strength and sensation to fine touch and pinprick in all digits of the hands. As such, radiculopathy was present by examination, which would not support the use of trigger point injections. Additionally, the documentation indicated the injured worker had 50% relief with prior injections, but the objective functional benefit was not provided. The request as submitted failed to indicate the specific muscles to be injected. The frequency was closer than 2 months. Given the above, the request for Retrospective request for 6 Trigger point injections DOS: 2/11/2014 is not medically necessary.

#### **Retrospective request for 1 pharmacologic assessment and management DOS: 2/11/2014: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider as individualized based upon a review of the injured worker's

concerns, signs and symptoms, clinical stability, reasonable physician judgment and medications the injured worker is utilizing as some require close monitoring. The clinical documentation submitted for review indicated the injured worker had objective complaints and findings to support the necessity for office visits. The injured worker was utilizing medications that would support the need for an office visit. Given the above, the request for Retrospective request for 1 pharmacologic assessment and management DOS: 2/11/2014 is medically necessary.

**Retrospective request for Hydrocodone/APAP 10/325mg #120 DOS: 2/11/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin) and When to continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. However, the documentation failed to indicate the injured worker had objective pain relief and an objective improvement in function with the use of the medication. There was a lack of documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective request for Hydrocodone/APAP 10/325mg #120 DOS: 2/11/2014 is not medically necessary.

**Retrospective request for 1 pharmacologic assessment and management DOS: 6/10/2014: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider as individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, reasonable physician judgment and medications the injured worker is utilizing as some require close monitoring. The clinical documentation submitted for review indicated the injured worker had objective complaints and findings to support the necessity for office visits. The injured worker was utilizing opiates which would support the need for an office visit. Given the above, the request for Retrospective request for 1 pharmacologic assessment and management DOS: 6/10/2014 is medically necessary.

**Retrospective request for Hydrocodone/APAP 10/325mg #120 DOS: 6/10/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin) and When to continue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; Ongoing management; opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. The documentation indicated the injured worker had objective pain relief and an objective improvement in function with the use of the medication. There was a lack of documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective request for Hydrocodone / APAP 10/325mg #120 DOS: 6/10/2014 is not medically necessary.

**Retrospective request for 6 Trigger point injections DOS: 11/14/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain and that Radiculopathy is not present (by exam, imaging, or neuro-testing). Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the injured worker underwent trigger point injections. However, there was a lack of documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There was documentation medical management therapies had failed. The documentation indicated the injured worker had decreased grip strength and sensation to fine touch and pinprick in all digits of the hands. As such, radiculopathy was present by examination. The request as submitted failed to indicate the specific muscles to be injected. Given the above, the request for Retrospective request for 6 Trigger point injections DOS: 11/14/2013 is not medically necessary.

**Retrospective request for 1 pharmacologic assessment and management DOS: 11/14/2013: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider as individualized based upon a review of the injured worker's

concerns, signs and symptoms, clinical stability, reasonable physician judgment and medications the injured worker is utilizing as some require close monitoring. The clinical documentation submitted for review indicated the injured worker had objective complaints and findings to support the necessity for office visits. The injured worker was utilizing medications that would need to be monitored. Given the above, the request for Retrospective request for 1 pharmacologic assessment and management DOS: 11/14/2013 is medically necessary.

**Retrospective request for 6 Trigger point injections DOS: 1/7/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the injured worker underwent trigger point injections. However, there was a lack of documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There was documentation medical management therapies had failed. However, the documentation indicated the injured worker had decreased grip strength and sensation to fine touch and pinprick in all digits of the hands. As such, radiculopathy was present by examination. Additionally, the documentation indicated the injured worker had 50% relief with prior injections, but the objective functional benefit was not provided. The request as submitted failed to indicate the specific muscles to be injected. The frequency was closer than 2 months. Given the above, the request for Retrospective request for 6 Trigger point injections DOS: 1/7/2014 is not medically necessary.

**Retrospective request for 1 pharmacologic assessment and management DOS: 1/7/2014: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider as individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, reasonable physician judgment and medications the injured worker is utilizing as some require close monitoring. The clinical documentation submitted for review indicated the injured worker had objective complaints and

findings to support the necessity for office visits. The injured worker was utilizing medications that require close monitoring. Given the above, the request for Retrospective request for 1 pharmacologic assessment and management DOS: 1/7/2014 is medically necessary.

**Retrospective request for 1 urine drug screening DOS: 1/7/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for the Use of Drug Testing.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction or poor pain control. The documentation indicated the injured worker had no issues of abuse, diversion or hoarding of the prescribed medication with no evidence of illicit drug use. There was a lack of documentation supporting a necessity for a urine drug screen. Given the above, the request for Retrospective request for 1 urine drug screening DOS: 1/7/2014 is not medically necessary.

**Retrospective request for 1 pharmacologic assessment and management DOS: 7/22/2014: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider as individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, reasonable physician judgment and medications the injured worker is utilizing as some require close monitoring. The clinical documentation submitted for review indicated the injured worker had objective complaints and findings to support the necessity for office visits. The injured worker was utilizing opiates which require close monitoring. Given the above, the request for Retrospective request for 1 pharmacologic assessment and management DOS: 7/22/2014 is medically necessary.

**Retrospective request for Hydrocodone/APAP 10/325mg #120 DOS: 7/22/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin) and when to continue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines

recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. The documentation indicated the injured worker had objective pain relief and an objective improvement in function with the use of the medication. There was a lack of documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective request for Hydrocodone/APAP 10/325mg #120 DOS: 7/22/2014 is not medically necessary.

**Retrospective request for 1 pharmacologic assessment and management DOS: 8/29/2014:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

**Decision rationale:** The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider as individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, reasonable physician judgment and medications the injured worker is utilizing as some require close monitoring. The clinical documentation submitted for review indicated the injured worker had objective complaints and findings to support the necessity for office visits. The injured worker was utilizing opiates which require close monitoring. Given the above, the request for Retrospective request for 1 pharmacologic assessment and management DOS: 8/29/2014 is medically necessary.

**Retrospective request for Hydrocodone/APAP 10/325mg #120 DOS: 8/29/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin) and When to discontinue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. The documentation indicated the injured worker had objective pain relief and an objective improvement in function with the use of the medication. There was a lack of documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective request for Hydrocodone/APAP 10/325mg #120 DOS: 8/29/2014 is not medically necessary.