

Case Number:	CM15-0069985		
Date Assigned:	04/17/2015	Date of Injury:	09/16/1995
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45 year old male, who sustained an industrial injury on September 16, 1995. He has reported lower back pain, jaw pain, shoulder pain, neck pain, arm pain, and knee pain. Diagnoses have included lumbar spine strain/sprain, lumbar facet arthropathy, left lower extremity radiculopathy, right rotator cuff tear, right knee internal derangement, temporomandibular joint dysfunction, tinnitus with decreased hearing, and medication induces gastritis. Treatment to date has included medications, shoulder surgery, knee surgeries, and imaging studies. The injured worker underwent implantation of an intrathecal pain pump on January 8, 2015. A progress note dated March 4, 2015 indicates the injured worker's pain had improved since the pump implantation, with a decreased use of oral medications. The treating physician documented a plan of care that included medications and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since for long time without documentation of functional improvement or evidence of return to work. The patient reported significant improvement with intrathecal pump implantation and the need to continue Norco is unclear. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.

TRIGGER POINT INJECTIONS PERFORMED ON 3/4/15: Upheld

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

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

Decision rationale: According to MTUS guidelines, trigger point injection is "recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective." (Goldenberg, 2004)"Trigger point injections with a local anesthetic may be 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."There is no clear evidence of myofascial pain and trigger points over the lumbar spine. Although the patient was reported to have trigger points, there is documentation of twitch response and referral pain. There is no documentation of failure of oral medications or physical therapy in this case. Therefore, the request for trigger point injections performed on 3/4/15 is not medically necessary.

ULTRACET 37.5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Ultracet. There is no documentation for recent urine drug screen to assess compliance. There is no documentation for the need for ultracet after the improvement observed with spinal pump implantation. Therefore, the prescription of Ultracet 37.5/325mg #60 is not medically necessary.