

Case Number:	CM15-0070898		
Date Assigned:	04/20/2015	Date of Injury:	03/11/2013
Decision Date:	07/02/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/14/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 57-year-old female, who sustained an industrial injury on 3/11/13. She reported a low back injury. The injured worker was diagnosed as having chronic lumbosacral strain. Treatment to date has included acupuncture treatment, chiropractic treatment, oral medications and therapeutic injections. Currently, the injured worker complains of constant, severe low back pain rated 8/10. Physical exam noted trigger areas in low back. The treatment plan included TENS unit with supplies. A request for authorization was submitted for TENS unit, Ambien, Celebrex and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TRIGGER POINT INJECTIONS: 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 points Page(s): 122.

Decision rationale: This is a retrospective request for trigger point injections. MTUS guidelines have very specific guidelines for trigger point injections. One of these requirements is documentation of "circumscribed trigger points with evidence on palpation of a twitch response as well as referred pain." In this case, none of the documentation describes the specific findings. Physical exam does not document exactly where the trigger points are located. The request does not document how many trigger points were injected. MTUS guidelines recommend no more than 3-4 injections/session. Therefore, the request is deemed not medically necessary.

OUTPATIENT RENTAL OF TENS UNIT FOR 1 TO 2 MONTHS TRIAL WITH RELATED SUPPLIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for a 1-month trial of TENS is indicated for chronic intractable pain. Criteria for the use of TENS include a treatment plan including specific short and long-term goals of treatment submitted with the request. In this case, this criteria has not been met, thus the request is not medically necessary at this time.

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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.

Decision rationale: The request is for Ambien for treatment of insomnia. Ambien is not recommended for long-term use, but is indicated for short-term use (7-10 days) in treatment of insomnia. Ambien can be habit forming and may impair function and memory. Therefore, the request for Ambien 10 mg #30 is deemed not medically necessary or appropriate.

CELEBREX 200MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

Decision rationale: The request is for Celebrex, a COX-2 inhibitor. The MTUS Guidelines state that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. COX-2 inhibitors

like Celebrex may be considered for patients at risk of GI complications, but not for the majority of patients. The medical records submitted do not demonstrate increase risk of GI complication in this patient, other than a reference to a previous clinical diagnosis of gastritis. There is no objective evidence (such as an EGD) or past records confirming the diagnosis of gastritis. Therefore, the request is deemed not medically necessary.