

Case Number:	CM15-0074334		
Date Assigned:	04/24/2015	Date of Injury:	12/18/2006
Decision Date:	05/27/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/20/2015

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, 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 57 year old male, who sustained an industrial injury on 12/18/2006. On provider visit dated 03/12/2015 the injured worker has reported lower back pain. On examination of the range of motion was restricted, on palpation of the paravertebral muscles tenderness was noted and on spinous process as well. Lumbar facet loading was positive and straight leg raise was noted as well. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis not otherwise specified lumbar or lumbosacral disc degeneration, and chronic pain syndrome due to trauma. Treatment to date has included MRI of the spine, laboratory studies and medication. The provider requested Norco 7.5/325mg #60 and TPI to right paralumbar musculature-performed on 3/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note on 9/18/2014 indicated that the patient is having subjective improvement with pain medication, however, there is no clear documentation of functional gains with the use of Norco. The patient has no side effects, and no risk for aberrant use. A urine drug screen on 9/24/2014 indicate the patient is compliant with medication. Due to lack of documentation of functional improvement, this medication is not medically necessary. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering.

TPI to right paralumbar musculature-performed on 3/12/2015: Upheld

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

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

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested trigger point injections are not medically necessary.