

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0077276 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 03/26/2001 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 04/22/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 61-year-old male, who sustained an industrial injury on March 26, 2001, incurring back injuries. He was diagnosed with cervical, thoracic and lumbar myofascial pain, degenerative disc disease with disc bulging and radiculopathy. Treatment included pain medications, spinal cord stimulator implant, epidural steroid injection and trigger point injections. Currently, the injured worker complained of persistent low back pain. The pain was rated as 5-6/10 with medications and 8/10 without medications. There was increase in ADL and function with utilization of Norco. The treatment plan that was requested for authorization included a prescription for Norco and Trigger point injections to the cervical, thoracic and lumbar sites. The records indicate that prior request for epidural injections were not certified. The medication listed was just Norco. The UDS dated 12/16/2014 was noted to be consistent with the prescribed hydrocodone.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records did not show that the patient failed treatment with NSAIDs and non opioid co-analgesics such as anticonvulsant or antidepressant analgesics. The VAS pain score was only decreased from 8/10 to 5-6/10 with utilization of opioids and the spinal cord stimulator. There is a functioning spinal cord stimulator in situ. The criteria for chronic use of high dose opioid Norco 10/325mg #180 was not met. The request is not medically necessary.

Trigger point injections to the cervical, thoracic and lumbar x 14 sites: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate that the exacerbation of pain had not decreased significantly with medications management. The patient reported significant pain relief for more than 1 year following the last set of trigger points injections. There were objective findings of tender trigger points in the paraspinal muscles. It is noted that epidural injections had not been authorized. The request for trigger points injections to cervical, thoracic and lumbar spine total 14 sites has been met. The guidelines recommend that the injections to each region be done separately for more accurate evaluation of injection efficacy. The request is medically necessary.