

Case Number:	CM14-0146127		
Date Assigned:	09/12/2014	Date of Injury:	10/14/2005
Decision Date:	10/22/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury of unknown mechanism on 10/14/2005. On 07/15/2014, his diagnoses included lumbar myoligamentous injury with degenerative disc disease and facet arthropathy, cervical myoligamentous injury, bilateral knee internal derangement, status post posterior lumbar interbody fusion at L5-S1 on 03/11/2011, status post meniscectomy of the right knee on 08/31/2011, status post arthroscopic surgery of the right knee on 06/11/2014, lumbar spinal cord stimulator trial 09/11/2012, status post removal of retained hardware at L5-S1 with posterior lateral interbody fusion at L4-5 and L5-S1 on 02/26/2013, right lateral epicondylitis, and medication induced gastritis. His complaints included ongoing and debilitating pain in his lower back, radiating down both lower extremities. He received an epidural steroid injection on 03/31/2014 with no significant benefit. His medications included Norco 10/325 mg, Anaprox DS 550 mg, Prilosec 20 mg, Prozac 20 mg, Lyrica 75 mg, Colace 100 mg, Amitiza 25 mcg, and LidoPro topical cream. The rationale for the Prilosec was that he had been experiencing less GI discomfort from the medications. An EMG study of the lower extremities on 03/02/2012 revealed chronic left L5 radiculopathy. The treatment plan included a trial of spinal cord stimulation. It was noted that he underwent a trial in 09/2012 which did provide significant relief to his radicular symptoms. The treatment plan also noted that he had chronic myofascial pain in the posterior lumbar musculature, which conservative treatment such as stretching exercises, physical therapy, and muscle relaxants had failed to control. Trigger points were palpable with discreet focal tenderness located in a taut band of skeletal muscle which produced a local twitch response to stimulus. After informed consent, this injured worker received 4 trigger point injections and reported pain relief greater than 50% and an increased range of motion within a few minutes. A Request for Authorization

for the medications only dated 07/15/2014 was included in this injured worker's chart. There was no rationale included for the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #60 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which includes Prilosec, may be recommended, but clinicians should weigh the indication for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. Prilosec is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. This worker did not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Prilosec 20 mg #60 is not medically necessary.

Norco 10/325 mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg #180 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include the current pain and intensity of pain before and after taking the opioid. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluation of side effects, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg #180 is not medically necessary.

4) Trigger Point Injection with 0.25% Bupivacaine 10 cc: Upheld

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

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

Decision rationale: The request for 4 trigger point injection with 0.25% bupivacaine 10 cc is not medically necessary. California MTUS recommends that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back pain with myofascial pain syndrome when all of the following criteria are met. Among the criteria is that radiculopathy is not present by exam, imaging, or neuro testing. They are not recommended for radicular pain. The submitted documentation revealed that this injured worker had radicular pain both by examination and by electromyographic study. The clinical information submitted failed to meet the evidence based guidelines for trigger point injections. Additionally, the levels where the trigger point injections were to have been given were not specified in the request. Therefore, this request for 4 trigger point injection with 0.25% bupivacaine 10 cc is not medically necessary.