

Case Number:	CM14-0148458		
Date Assigned:	09/22/2014	Date of Injury:	01/05/1999
Decision Date:	10/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Management. In addition, is licensed to practice in California. 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:

According to the records made available for review, this is a 74-year-old male with a 1/5/99 date of injury. At the time (7/16/14) of request for authorization for Norco 10/325 #240 and Trigger Point Injection, there is documentation of subjective (chronic severe low back pain radiating to the bilateral lower extremities) and objective (antalgic gait, tenderness to palpation over the posterior lumbar musculature with increased muscle rigidity, numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles, muscle guarding with range of motion testing, decreased knee reflexes, absent ankle reflexes, decreased strength with great toe extension, and decreased sensation over the L5-S1 distribution) findings, current diagnoses (lumbar post-laminectomy syndrome status post lumbar fusion in 2001, lumbar spondylolisthesis, and right lower extremity radiculopathy), and treatment to date (ongoing therapy with Norco with decreased pain levels and increase in functioning; trigger points injections on 5/15/14 to the low back with 50-60% pain relief for one week and increase in functioning and range of motion; physical therapy, and stretching exercises). Medical report identifies an opioid contract; chronic myofascial pain in the posterior lumbar musculature with palpable trigger points with a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch response; and a request for four trigger point injections to the lumbar spine. Regarding Trigger Point Injection, there is no documentation of pain relief obtained for six weeks after an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #240: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome status post lumbar fusion in 2001, lumbar spondylolisthesis, and right lower extremity radiculopathy. In addition, given documentation of an opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Norco with decreased pain levels and increase in functioning, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 #240 is medically necessary.

Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain

relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome status post lumbar fusion in 2001, lumbar spondylolisthesis, and right lower extremity radiculopathy. In addition, there is documentation of previous trigger point injections to the lumbar spine on 5/15/14 with a request for repeat trigger point injections to the lumbar spine x4. Furthermore, given documentation of 50-60% pain relief and increase in functioning and range of motion with previous injection on 5/15/14, there is documentation of greater than 50% pain relief after an injection, documented evidence of functional improvement, and injections not at an interval less than two months. However, given documentation of pain relief for one week following previous injection, there is no documentation of pain relief obtained for six weeks after an injection. Therefore, based on guidelines and a review of the evidence, the request for trigger point injection is not medically necessary.