

<b>Case Number:</b>	CM13-0049266		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/19/2006
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Occupational Medicine and 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:

The applicant has filed a claim for chronic shoulder pain, headaches, and depression reportedly associated with an industrial injury of January 19, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents, muscle relaxants; psychological counselling; and extensive periods of time off of work. In a progress note of December 13, 2013, the applicant states that her pain level is unchanged. Her quality of sleep is poor. She is frustrated that Lyrica and trigger point injections have been denied. She is on Robaxin for muscle spasms. Her complete medication list includes Norco, Flexeril, Pennsaid, Lyrica, Robaxin, Flonase, Norvasc, Prilosec, Zoloft, and Motrin. The applicant has been drinking occasionally, she states. She is morbidly obese with a BMI of 39, based on the height of 5 feet 5 inches and weight of 230 pounds. Cervical tender points are noted with negative Spurling maneuver. The applicant is tender about the right periscapular musculature with positive signs of internal impingement. Motor testing is limited secondary to pain. The applicant receives several medication refills. The applicant is described as permanent and stationary and is not working. It is stated that Lyrica is keeping the applicant functional and is reducing her pain scores from 8 to 10 to 1 to 2/10, while Norco is resulting in reduction of pain scores from 8/10 to 4/10. The applicant states that she can function with her hands better using Lyrica. The applicant states that she is able to make her bed, drive her children to school, go grocery shopping, lift, and is able to function better with medication therapy. An earlier note of November 18, 2013, is notable for comments that the applicant has persistent pain complaints. She states that her medications are improving matters. She remains frustrated. She states that she is having heightened stress, anxiety and pain, which she attributes to her inability to continue psychological counseling. The applicant states that Lyrica is working well for pain control. It is noted that the applicant has tenderness about the trapezius and rhomboid muscles, which have been present for several visits. It is stated that the

applicant has failed a TENS unit as well as the ice, stretching, and muscle relaxants. It does not appear that the applicant has had earlier trigger point injections. The applicant is given diagnosis of shoulder pain, elbow pain, and carpal tunnel syndrome. The applicant does have evidence of atrophy of one of the thumb muscles and a positive Tinel sign, consistent with the diagnosis of carpal tunnel syndrome. In a September 23, 2013, progress note, the attending provider writes that the applicant has never had trigger point injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **A TRIGGER POINT INJECTION (LEFT TRAPEZIUS & RIGHT TRAPEZIUS):**

Overtured

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

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

**Decision rationale:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections, can be recommended in the treatment of chronic neck and/or back pain with myofascial components in individuals with circumscribed trigger points with symptoms that have persisted for greater than 3 months, who have tried and failed medications management therapies including time, medications, stretching, physical therapy, NSAIDs and/or muscle relaxants. In this case, the applicant meets the aforementioned criteria. The applicant does have myofascial pain without associated radicular complaints, it has been seemingly established. The request for trigger point injections here seemingly represents a first time request for trigger point injections. Given the applicant's longstanding multifocal neck and shoulder muscular pain complaints, a trial of trigger point injection therapy is therefore indicated. Therefore, the request is medically necessary.

**NORCO 10/325 MG, #120:** Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, the applicant does report appropriate reduction in pain scores as result of ongoing Norco usage. The applicant likewise has reported heightened ability to perform non-work activities of daily living including interacting with her son, performing household chores, lifting and carrying articles, etc., as a result of ongoing Norco usage. Therefore, on balance, the

request is medically necessary as 2 of the 3 criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met, although it is acknowledged that the applicant is not working.

**FLEXERIL 10 MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic, adjuvant, and psychotropic medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**PENNSAID 1.5% SOLUTION #1, BOTTLE WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, diclofenac is recommended for topical use purposes in the treatment of small joint arthritis, which lends itself toward topical treatments, such as for instance, the knees, ankles, feet, hands, wrists, etc. In this case, however, the applicant has been given diagnosis of shoulder pain, elbow pain, carpal tunnel syndrome, and myofascial pain syndrome. There is no evidence of small joint arthritis here, which would be amenable to topical Pennsaid. Therefore, the request is not medically necessary.

**LYRICA 100 MG, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is considered a first line treatment for neuropathic pain. In this case, the applicant has neuropathic pain associated with carpal tunnel syndrome. As with the request for Norco, the attending provider has successfully posited that ongoing usage of Lyrica

has attenuated the applicant's symptoms of numbness, tingling, and paresthesias about the hands, and has improved her ability to perform tasks involving the hands, including lifting, carrying, gripping and grasping. Therefore, continuing Lyrica, on balance, is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is found to be medically necessary.