

Case Number:	CM13-0056121		
Date Assigned:	12/30/2013	Date of Injury:	12/20/2010
Decision Date:	05/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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 low back pain reportedly associated with an industrial injury of December 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; a lumbar disk replacement surgery at L5-S1; unspecified amounts of physical therapy; long and short-acting opioids; and extensive periods of time off of work. In a Utilization Review Report of November 15, 2013, the claims administrator denied request for trigger point injection therapy and Flexeril. The applicant's attorney subsequently appealed. An October 24, 2012 progress note is notable for comments that the applicant is using a variety of analgesic and adjuvant medications, including Norco, Flexeril, Neurontin, and morphine. A December 19, 2013 progress note is notable for comments that the applicant is not working. The applicant states that he only received temporary relief through prior trigger point injection therapy. The applicant is on OxyContin, Flexeril, Neurontin, and Percocet for pain relief. Additional physical therapy is prescribed while medications are renewed. A November 26, 2013 progress note is notable for comments that the applicant again underwent trigger point injections for muscle spasms. On October 29, 2013, it is stated that the applicant had low back pain extending into the right paralumbar region. The applicant was on Opana, Neurontin, Flexeril, and Percocet. The applicant is also reporting migraine headaches. He had palpable tenderness about the lumbar paraspinal musculature. Trigger point injections were performed in the clinic. Neurontin, Flexeril, and Percocet were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

**1 INJECTION TRIGGER POINT OT THE RIGHT PARA LUMBAR REGION ON
10/29/2013: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

Decision rationale: The proposed trigger point injections were not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended in the treatment of chronic neck and low back pain with myofascial pain syndrome with evidence of additional criteria which include of documentation of circumscribed trigger points, persistence of symptoms for greater than three months, and evidence that radiculopathy is not present. In this case, however, the applicant was seemingly given prescriptions for Neurontin, reportedly for an established diagnosis of lumbar radiculopathy. An earlier note of August 21, 2013 was notable for comments that the applicant had a lumbar herniated intervertebral disk at L5-S1 and was going to be admitted for a disk replacement and lumbar fusion surgery. Thus, the applicant underwent a prior lumbar fusion surgery/disk replacement surgery for a diagnosis of radiculopathy and was also given Neurontin, also seemingly for radiculopathy. Pursuit of trigger point injections in the face of the applicant's concurrent diagnosis with lumbar radiculopathy was not indicated. Therefore, the request remains non-certified, on Independent Medical Review.

FLEXERIL 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

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

Decision rationale: The request for Flexeril 7.5 mg #60 is also not medically necessary, medically appropriate, or indicated here. 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 several other opioid and non-opioid agents, including Opana, Percocet, and Neurontin. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on Independent Medical Review.