

Case Number:	CM13-0057737		
Date Assigned:	12/30/2013	Date of Injury:	05/18/2009
Decision Date:	04/04/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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:

Patient is a 67 year old female who has a work injury dated 5/18/09. Her diagnoses include 1) Chronic recurrent musculoligamentous injury cervical spine, trapezius muscle, (2) Multilevel degenerative disc disease at C3-7; no evidence of radiculopathy or peripheral nerve entrapment either UE, (3) Impingement syndrome (R) shoulder r/o intraarticular loose bodies; moderate AC joint arthritis, (4) Status post nonindustrial dog bite (R) forearm, (5) Chronic recurrent musculoligamentous injury lumbosacral spine, (6) Degenerative disc disease of the lumbosacral spine L2-5 with degenerative spondylolisthesis L4-5; no objective lumbar radiculopathy; nonspecific (R) lumbar radiculitis; this is secondary to nonindustrial dog bite on 5/23/09 when patient was pulled to the ground, (7) Claimed industrial psychological injury, internal medicine injury, sleep disorder, not evaluated. Diagnostic studies include: An electrodiagnostic study performed on 12/16/10 reveals a mild acute bilateral L3 and L4 radiculopathy. A lumbar spine MRI performed on 10/11/10 reveals at L4-5 and L5-S1 disc desiccation, 2-/mm disc protrusions, and moderate facet hypertrophy. There is a 2-mm anterolisthesis of L4 over L5. The L3-4 level has a 5-mm broad-based disc bulge with facet hypertrophy and moderate central canal stenosis. A cervical spine MRI performed on 10/11/10 reveals a 1.5-2-mm disc protrusion throughout the cervical spine with moderate neural foraminal narrowing bilaterally, (R) greater than (L). A (R) shoulder MRI performed on 10/11/10 reveals a rim-vent tear on the inferior aspect of the posterior portion of the supraspinatus tendon. There are requests for trigger point injections, Anaprox, Xanax. A 10/29/13 office report states that the patient continues to complain of pain in her neck with right shoulder discomfort, aggravated with any type of bending twisting and turning. She rates her pain today from 0-10 as 7 in intensity. The patient continues to have ongoing pain in her lower back, which is mostly axial in nature. The patient is

requesting trigger point injections to her neck, since it consistently provides a good 50% relief lasting a good two weeks. The patient is requesting refill on her oral analgesic medications. She is currently on Norco 10/325 mg 3-4 tablets a day in conjunction with Anaprox DS 550 mg which has been beneficial. Due to her ongoing pain with functional limitations, the patient remains depressed and anxious. She is requesting refill on her Xanax .25 mg which she takes between 2-3 tablets a day as needed. Physical exam in this date documents that an examination of the lumbar spine reveals tenderness to palpation throughout the posterior lumbar musculature. Trigger points are noted. There is increased muscle tone. The patient forward flexes bringing her fingertips to about her knees. Extension is limited to about 10°. There is much more pain with extension. The straight-leg raise in the sitting position causes axial back pain. Sensory examination is equal and bilateral. Motor examination in the lower extremities is equal and bilateral. Deep tendon reflexes are 2+ in the bilateral lower extremities. Examination of the posterior cervical musculature, reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points which are palpable and tender throughout the cervical paraspinal muscles. The patient has decreased range of motion with obvious muscle guarding. Muscle motor strength is normal 5/5 in the bilateral upper extremities with intact reflexes. There is documentation that patient had an Internal medicine AME on 10/23/11. She was diagnosed hypertensive heart disease and GERD. Patient's cases were denied and patient had been forced to take NSAIDs on a chronic basis which is exacerbating her medication induced gastritis symptoms. Patient has been weaning off NSAIDs for a while now.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injections times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections Page(s): 122.

Decision rationale: Cervical trigger point injections times 4 is not medically necessary according to the MTUS guidelines. The documentation indicates the employee has had multiple trigger point injections in the past. A recent document dated 10/29/13 indicates that the employee had relief for only 2 weeks from trigger point injections. Additionally the objective findings did not document a twitch response with referred pain. The documentation does not indicate prior injections have caused a significant functional improvement. Without meeting these criteria, the employee does not meet the recommended MTUS guidelines for trigger point injection and therefore trigger point injections times 4 are not medically appropriate or medically necessary.

Anaprox DS 550 mg, #120: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-73.

Decision rationale: Anaprox DS 550mg #120 is not medically necessary according to the MTUS guidelines. The documentation indicates that the employee had an Internal medicine AME on 10/23/11 . The employee was diagnosed with hypertensive heart disease and GERD. The employee had medication induced gastritis symptoms. The employee was recommended at that time to be weaning off of non steroidal anti-inflammatories. The continuation of long term anti-inflammatories is not medically appropriate. Additionally, the documentation does not indicate significant functional improvement on Anaprox. Therefore the request for Anaprox DS 550mg #120 in this employee is not medically necessary .

Xanax 0.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Xanax 0.5 mg is not medically necessary according to the MTUS guidelines. The MTUS guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. A more appropriate treatment for anxiety disorder is an antidepressant. A 10/29/13 office note states that due to the employee's ongoing pain with functional limitations, the employee remains depressed and anxious. The employee has been on Xanax longer than the 4 week limit recommended by the MTUS and there is no significant documentation of efficacy. Additionally the request does not specify a frequency of use or a quantity. The request for Xanax 0.5 is not medically necessary or appropriate.