

<b>Case Number:</b>	CM13-0063092		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/01/1994
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas. 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 patient is a 58-year-old male who sustained an injury on 04/01/1994 of unspecified nature. The documentation submitted for review indicated the patient had undergone a posterior C4-5 and C5-6 fusion. The patient was evaluated on 11/22/2013 for chronic pain in the neck and suboccipital region. The documentation further indicated the patient had mid and low back pain. The documentation submitted for review indicated the patient was complaining of increased stiffness to the cervical spine and upper traps, which was not responding to his usual means of relief. The patient was requesting trigger point injections, which he stated generally provides him up to 2 weeks relief of symptoms. Upon physical examination, the patient was noted to have tenderness of the paracervicals, the scalene muscle and the rhomboid. The examination further indicated the patient had trigger point pain to the supraspinatus and trapezius. The documentation further indicated the patient had a palpable spasm to the left upper trapezius, tenderness to the occipital protuberance, transverse process right at C2, and the transverse process left at C2. The patient's active range of motion was noted as decreased due to pain by motion. The documentation further indicated the patient had tenderness to the mid-thoracic spine, mid right thoracic paraspinal region, lumbar spine, bilateral lumbosacral paraspinals, and quad lumborum regions. The patient was noted to have arm and leg weakness, and trigger points of the lumbar spine bilaterally at the L3-4, and right T4-5. The treatment plan was noted as physical therapy, request trigger point injections, and continue medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Roxicodone 15 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78-79.

**Decision rationale:** The request for Roxicodone 15 mg #120 is non-certified. The documentation submitted for review did not indicate the patient's pain level upon evaluation. However, the documentation stated the patient was not responding to his usual means of pain relief. The California MTUS Guidelines recommends ongoing management in patients using opioid therapy. The guidelines state ongoing management should include the monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. The documentation submitted for review did not indicate the patient's pain level; however, it was noted the patient's previous means of relief were not effective. As such, the continued use of the medication is not supported. The guidelines further recommend the discontinuation of opioid therapy when there is no overall improvement in function, unless there are extenuating circumstances. The patient did not have noted functional improvement. The documentation submitted for review did not contain extenuating circumstances to continue the medication. Given the information submitted for review, the request for Roxicodone 15 mg #120 is non-certified.

## **4 Trigger point injections to the upper trapezius: 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 injections to the upper trapezius is non-certified. The documentation submitted for review indicated the patient had previously undergone trigger point injections, which resulted in 2 weeks of relief of symptoms. The California MTUS Guidelines do not recommend repeat injections unless a greater than 50% relief is obtained for 6 weeks after an injection, and there is documented evidence of functional improvement. The documentation submitted for review did not contain evidence of functional improvement from previous injections. Furthermore, the patient indicated previous injections resulted in 2 weeks of symptom relief. The guidelines further state the patient's symptoms must have persisted for more than 3 months. The documentation submitted for review did not indicate the patient's symptoms had persisted for more than 3 months. The guidelines additionally recommend the use of trigger point injections for patients with evidence of trigger points upon palpation with a twitch response, as well as referred pain. The documentation submitted for review did not indicate the patient had a twitch response, nor referred pain. Therefore, the use of the injections is not supported. Given the information submitted for review, the request for 4 trigger point injections to the upper trapezius is non-certified.

