

Case Number:	CM14-0003148		
Date Assigned:	02/21/2014	Date of Injury:	11/27/2007
Decision Date:	06/24/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 patient is an employee of [REDACTED] who has submitted a claim of pain of the neck, upper and lower back associated from an industrial injury date of November 27, 2007. Treatment to date has included trigger point injections, home exercise program, aquatic therapy, and medications with include tizanidine, tramadol ER, hydrocodone/APAP Medical records from 2013 were reviewed , the latest of which dated May 14, 2013 revealed that the patient reports frequent pain of the neck, upper and lower back relieved with trigger point injections and medications. There are painful movements of the left shoulder and intermittent numbness of the right arm. Patient notes current pain and discomfort to affect his general activity and enjoyment of life, including ability to concentrate and interact with people. Patient feels depressed and rates it as 5/10. On examination, there was slight restriction of range of motion of the cervical, thoracic and lumbar spine in all planes. There were multiple trigger points and taught bands throughout the cervical paraspinals, trapezius, levator scapular, scalene, infraspinatus, thoracic and lumbar paraspinals, and gluteal musculature. Utilization review from December 30, 2013 denied the request for Cyclobenzaprine 7.5MG #90 because the use of muscle relaxants has exceeded the recommended duration of treatment, denied the request for Omeprazole 20mg because a specific quantity prescribed was not indicated, and denied the request for four Trigger Point Injection for cervical spine, thoracic spine and lumbar spine because there was no clear documentation of the duration and degree of improvement with previous trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: As stated on pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Low Back Pain), however, in most LBP (Low Back Pain) cases, they show no benefit beyond NSAIDs (Non-Steroidal Anti -Inflammatory Drugs) in pain and overall improvement. Also, as stated on pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended for a short course of therapy, with its effect is greatest in the first 4 days of treatment. In this case, records show use of muscle relaxants since July 2012. The recent clinical evaluation does not indicate relief of pain and functional improvement of the patient. Also, the use of muscle relaxants has exceeded the recommended duration of treatment; therefore, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary and appropriate.

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PROTON PUMP INHIBITOR, 68

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs (Non-Steroidal Anti -Inflammatory Drugs) against both GI and cardiovascular risk factors. The patient is at risk for gastrointestinal events if age > 65 years, has a history of peptic ulcer, GI(Gastro Intestinal) bleeding or perforation, on concurrent use of ASA (Acetylsalicylic Acid), corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAIDs (Non-Steroidal Anti -Inflammatory Drugs). In this case, the patient was prescribed omeprazole for his NSAID-induced gastritis . The patient has a history of long-term use NSAIDs, but not on high dose NSAIDs. Although the patient is only 45 years old and does not have a history of peptic or gastric ulcer, there is ongoing medication management for gastritis. However, the specific quantity prescribed was not indicated in the request as submitted. Therefore, the request for Omeprazole 20mg is not medically necessary and appropriate.

TRIGGER POINT INJECTION X 4 CERVICAL SPINE, THORACIC SPINE AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS, 122

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

Decision rationale: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In this case, the patient has received trigger point injections, which were noted to provide relief of pain and functional improvement. However, the recent clinical evaluation documents recurrence of trigger points. There is no documentation of the degree of pain relief and duration of improvement following the previous injections; therefore, the request for four (4) trigger point injections for cervical spine, thoracic spine and lumbar spine are not medically necessary and appropriate.