

<b>Case Number:</b>	CM14-0004475		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 30 year old male with an injury reported on 07/30/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/02/2013 reported that the injured worker complained of constant upper and lower back pain. Upon physical examination the injured worker had limited range of motion of the cervical spine due to pain. It was noted a cervical compression test and Spurling's test were both positive. It was reported the injured worker had multiple myofascial trigger points and taut bands throughout the thoracic and lumbosacral paraspinal musculature. The injured worker's prescribed medication list included tramadol ER 150mg, hydrocodone/apap 2.5/325mg, and mirtazapine 15mg. The injured worker's diagnoses included posttraumatic headaches; status post fracture of ilium/pelvis; acute right L4-5 radiculopathy; myoligamentous injury to cervical and lumbar spine; 6 inch bulge in posterior right thigh, semi-solid hematoma versus rupture of hamstring muscle; chronic myofascial pain syndrome of thoracolumbar spine. The provider requested trigger point injections as a treatment of chronic myofascial pain; and urine drug screen for medication compliance. It was noted the injured worker had previous urine drug screenings on 03/25/2013, 06/28/2013, and 10/07/2013. The request for authorization was submitted on 01/14/2014. The injured worker's prior treatments included trigger point injections on 12/02/2013, epidural steroid injections, home muscle stretching exercises, aquatic therapy exercises, and relaxation/meditation techniques.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **TRIGGER POINT INJECTIONS:** 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,

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

**Decision rationale:** The request for trigger point injections is non-certified. The injured worker complained of constant upper and lower back pain. It was reported the injured worker had multiple myofascial trigger points and taut bands throughout the thoracic and lumbosacral paraspinal musculature. The injured worker's prior treatments included trigger point injections on 12/02/2013. The CA MTUS guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. Not recommended for radicular pain. The criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; frequency should not be at an interval less than two months. There was a lack of clinical documentation indicating a twitch response was evident with palpation to trigger point. There is a lack of information provided documenting the efficacy of the previous trigger point injection as evidenced by decreased pain and significant objective functional improvements. Therefore, the request is non-certified.

## **URINE DRUG SCREEN:** 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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug testing Page(s): 43.

**Decision rationale:** The request for urine drug screen is non-certified. The injured worker complained of constant upper and lower back pain. The injured worker's prescribed medication list included tramadol ER 150mg, hydrocodone/apap 2.5/325mg, and mirtazapine 15mg. It was noted the injured worker had previous urine drug screenings on 03/25/2013, 06/28/2013, and 10/07/2013. The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. It was noted the rationale for urine drug screen is for medication compliance; it was also noted the injured worker had three previous drug screens in 2013. There is a lack of clinical information indicating the injured worker was at risk for medications misuse or displayed aberrant behaviors. Thus, the drug test would be medically unnecessary. Hence, the request is non-certified.

