

Case Number:	CM14-0014090		
Date Assigned:	02/26/2014	Date of Injury:	04/16/1997
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/04/2014

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 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:

Injured worker is a male with date of injury 4/16/1997. Per primary treating physician's progress report and treatment authorization request, the injured worker complains of chronic cervical spine pain, and continued neck pain on a daily basis. Medications help. Pain is stable with medications and functional status maintained with medications. Occasional injections also help. On exam of the cervical spine there is spasm, painful and decreased range of motion. There is facet tenderness. Radiculopathy on the right at C5-6 and on the left at C5-6. Trigger point bilateral cervical trapezial ridge elicited. Pain with axial compression noted. Flexion to 20 degrees and extension to 20 degrees. Diagnoses include 1) cervical facet arthrosis 2) cervical discogenic disease 3) chronic cervical spine sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION SPINE TRIGGER POINT INJECTION BILATERAL CERVICAL SPINE (USING 2CC MARCAINE AND 1 CC CELESTO): Upheld

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

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

Decision rationale: The MTUS recommends the use of trigger point injections only for myofascial pain syndrome with specified criteria. These guidelines state that all criteria must be met for a trigger point injection to be recommended. In review of the clinical reports, these criteria are not met. Specifically, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, the persistence of symptoms for more than three months, and other treatments have failed to control pain. The frequency should be at an interval less than two months, and the clinical reports do not indicate when the most recent injection was. There must also be a greater than 50% pain relief obtained for six weeks after an injection, and documented evidence of functional improvement following injection, to warrant a repeat injection. A trigger point injection may be medically necessary if the requesting physician provides information that meets the criteria established in the MTUS. The request for Injection Spine Trigger Point Injection Bilateral Cervical Spine (using 2 cc Marcaine and 1 cc Celesto) is not medically necessary.

TEMAZEPAM 50MG # 30:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section and Weaning of Medications section Page(s): 24, 124.

Decision rationale: Per the medical reports provided for review, the injured worker has been taking Temazepam 50 mg 1 per day since at least June 2013. The primary treating provider was requesting Temazepam refill to continue this dosing. There are no extenuating circumstances provided by the requesting provider to justify the chronic use of this benzodiazepine. The MTUS does not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over 4 weeks, and tapering is recommended when used for greater than 2 weeks. The request for Temazepam is for continued use, and not for tapering or weaning off the medication. The request for Temazepam 50 mg #30 is not medically necessary.