MAXIMUS Federal Services

Case Number:	CM14-0121630		
Date Assigned:	08/06/2014	Date of Injury:	09/28/2010
Decision Date:	09/24/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/01/2014

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:

The patient is a 43-year-old female who has submitted a claim for plantar fibromatosis, lumbar discogenic disease with radiculitis, chronic low back pain, chronic cervical spine sprainstrain, cervical discogenic disease and chronic right ankle sprain associated with an industrial injury date of September 28, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in her right shoulder and right side of the neck. Physical examination revealed cervical spine spasm and decreased range of motion, radiculopathy on right at C5-7, tenderness over the right cervicotrapezial ridge, motor weakness on the right at biceps/triceps, lumbar spine spasm, painful range of motion, limited range of motion, positive Lasegue bilaterally, positive straight leg raise bilaterally at 70, motor weakness on left at L4-5, decreased sensation on left at L4-5, pain bilaterally at L4-5, and trigger point elicited on exam at the right side of the lumbar spine. An MRI scan dated January 24, 2012 demonstrated at L4-L4 a 5-mm disc, primarily left-sided with marked left and moderate right neural foraminal narrowing and compression of the left L5 nerve root and at L5-S1, a 3-mm disc protrusion with bilateral facet degenerative changes and mild bilateral neural foraminal narrowing. This MRI also demonstrated a 3-mm central disc at L2-3, a 4-mm right paracentral disc at C3-4, a 3-mm protruding disc at C4-5 and a 3-mm disc at C5-6 as well as C6-7.Treatment to date has included medications, H-wave machine, trigger point injections, epidural steroid injections, physical therapy and oral medications. Utilization review from July 19, 2014 denied the request for 1) One trigger point injection to the right cervical spine with 1cc of celestone and 2cc of lidocaine, 2) One prescription for Norflex ER 100mg, #60 and 3) One prescription for Restoril 30mg, #130. The request for trigger point injection was denied because the criteria set forth for the treatment with trigger points were not satisfied. The request for Norflex was denied because the patient had been on the drug for a period longer than that prescribed by the

guidelines. The request for Restoril was denied because there were no objective, clinical reasoning indications to support the use of benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One trigger point injection to the right cervical spine with 1cc of celestone and 2cc of lidocaine.: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; 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, there is no documentation of presence of trigger points with a twitch response and referred pain upon palpation to support this request. Also, the patient had objective signs of radiculopathy. Moreover, there was no documentation that the prior trigger point injections provided a greater than 50% pain relief obtained for six weeks. Therefore, the request for one trigger point injection to the right cervical spine with 1cc of Celestone and 2cc of Lidocaine was not medically necessary.

One prescription for Norflex ER 100mg, #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient complained of pain the right shoulder and right neck. The pain was described as severe even though the patient was also on Norco. On examination, the patient also had spams. Short-term use of Norflex may help relieve the pain of

the patient. However, the date of service specified in the request spans four months. This may put the patient at increased risk of dependence without further benefit from the drug. Therefore, the request for one prescription for Norflex ER 100mg, #60 is not medically necessary.

One prescription for restoril 30mg, #130.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Benzodiazapines and insomnia. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Insomnia medications.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, Restoril is one of the FDA-approved benzodiazepines for sleep maintenance insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). In this case, the recent progress notes did not mention that the patient had problems with insomnia. Intake of this drug will put the patient in unnecessary risk of side effects. Therefore, the request for one prescription for Restoril 30mg, #130 is not medically necessary.