

<b>Case Number:</b>	CM14-0139231		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/08/2007
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year old individual was reportedly injured on December 8, 2007. The most recent progress note, dated 06/13/2014, indicates that there were ongoing complaints of low back pain and depression. The physical examination demonstrated lumbar spine: patient is visibly uncomfortable, spasm and tenderness observed in the paravertebral muscles of the lumbar spine decreased range of motion. Trigger point tenderness at the right aspect of the patient's low back. Well healed surgical incision. No recent diagnostic studies are available for review. Previous treatment includes lumbar surgery, medication, and conservative treatment. A request had been made for trigger point injections, Norco 2.5/325 mg #30, Prilosec 20 mg #90, Prozac 20 mg #30, and was determined not medically necessary in the pre-authorization process on 7/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRIGGER POINT INJECTIONS (RETROSPECTIVE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

**Decision rationale:** The CA MTUS treatment guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Furthermore, the record provides clear evidence of a suspected radiculopathy rather than myofascial pain syndrome. Based on the information provided, this request is not considered medically necessary.

**NORCO 2.5MG/325MG #30 (RETROSPECTIVE):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** The CA MTUS treatment guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Furthermore, the record provides clear evidence of a suspected radiculopathy rather than myofascial pain syndrome. Based on the information provided, this request is not considered medically necessary.

**PRILOSEC 20MG #90 (RETROSPECTIVE):** Upheld

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

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

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records, fails to document

any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not considered medically necessary.

**PROZAC 20MG #30 (RETROSPECTIVE):** 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 Page(s): 13.

**Decision rationale:** Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs and, for neuropathic pain after failure to a first-line agent (Tricyclic Antidepressants). Review of the available medical records, fails to document a trial and/or failure to first-line agents. As such, this request is not considered medically necessary.