

<b>Case Number:</b>	CM14-0139887		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	08/10/2001
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/23/2014
<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 Emergency 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:

Patient with reported date of injury on 8/10/2001. No mechanism of injury was provided for review. Patient has a diagnosis of chronic cervical degenerative disc disease, cervical and trapezius spasms, cervical facet arthropathy, lumbar degenerative disc disease, lumbar facet arthropathy, depression and GERD. Medical reports reviewed. Last report available until 9/4/14. Patient has chronic neck pain with neck and shoulder spasms. Report on 9/4/14 states that patient received trigger point injections "1 month ago". This trigger point injections were likely done without UR approval. The results of the TPI will not be considered for this review since prospective data does not retrospectively change criteria used for IMR review as per MTUS guidelines. Report on 8/6/14 states patient complains of chronic neck pains with low back pains. Pain with intermittent burning and tingling to posterior leg/feet. Patient has spasms to neck. Pain is 8/10 without medications. Objective exam reveals tenderness to bilateral trapezius and spasms. Spasms is moderate with 30% restriction in flexion and extension to bilateral trapezius and levator scapulae. Lumbar spine with tenderness and decreased range of motion. Note on 8/6/14 merely states that "TPI over bilateral trapezius, levator scapula, interscalenes x10 with 10cc 0.25% Marcaine under sterility with alcohol prep". It is not clear if this a request for serve or a poorly documented procedure note. Xray of thoracolumbar spine on 6/22/12 was normal. Patient is on Oxycodone, Motrin, Prilosec, Soma, DSS and Senna. Independent Medical Review is for DSS 250mg #90 with 3refills, Senna 8.6 #90 with 3refills and 10 trigger point injections over bilateral lateral trapezius, levatur scapulae and scales. Prior UR on 8/23/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DSS 250mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid induced constipation treatment Official Disability Guideli.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Patient already had DSS #90 with 2 refills certified on 7/22/14. As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis only relates to patients undergoing opioid therapy. Patient has documented constipation and is on an opioid. Use of DSS is appropriate but patient already has an approved prescription for DSS that will last for at least 6months. This request is a duplicate and is not medically necessary.

**Senna 8.6mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Review shows Senna #90 with 3 refills was already certified on 7/22/14. As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis only relates to patients undergoing opioid therapy. Patient has documented constipation and is on an opioid. Use of Senna is appropriate but patient already has an approved prescription for Senna that will last for at least 6months. This request is a duplicate and is not medically necessary.

**10 trigger point injections over bilateral trapezius, levator scapula, and interscalenes:**  
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:** Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat Trigger Point Injections. Patient does not have a circumscribed trigger points or a diagnosis of myofascial pain. Patient has muscle spasms from chronic neck disc disease failing criteria and patient has signs of radiculopathy failing another criteria. Guidelines do not recommend more than 3-4 injections per session and this request is for 10 injections. This request for trigger point injections does not meet appropriate

criteria for approval and requests number of injections that far exceeds guidelines recommendations. Trigger Point Injections is not medically necessary.