MAXIMUS Federal Services

Case Number:	CM14-0150220		
Date Assigned:	09/18/2014	Date of Injury:	04/15/2009
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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:

This is a 45 year old female with a 4/15/09 injury date. The patient fell down a flight of stairs and dislocated the right shoulder. In a follow-up on 8/5/14, the patient complained of neck and bilateral shoulder pain. Objective findings included decreased cervical motion in all planes that was limited by pain, moderate tenderness to palpation of the cervical spine and paracervical muscles, right greater than left, and spasm was noted. Sensation was diminished to light touch and pinprick in the right C7 dermatome, motor strength was 5-/5 in the deltoids, biceps, wrist extensors, triceps, and 5/5 in the first dorsal interosseous muscles and grip, and reflexes were hyporeflexic but equal. Cervical xrays from 12/17/03 showed disc space narrowing at C5-6 and C6-7 and 4 mm of motion at C3-4 on flexion and extension views. Cervical MRI from 1/6/14 showed degenerative disc disease, spondylolisthesis, and canal stenosis at multiple levels. Diagnostic impression: cervical herniated disc, cervical radiculopathy, cervical myofascial pain.Treatment to date: chiropractic care, trigger point injections, medications, cyclobenzaprine, hydrocodone, right shoulder surgery (2009). A UR decision on 8/27/14 denied the request for cervical trigger point injections on the basis that the patient has evidence of radiculopathy and the reported objective findings do not meet the criteria for having a trigger point. The request for cyclobenzaprine was denied because there was no evidence of objective improvement from prior use of this medication. The request for hydrocodone/APAP was denied because there was limited information about the degree of efficacy of opioid use in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injections performed on 8/4/14: 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 Chronic Pain Medical Treatment Guidelines (Trigger Point Injecitons). Page(s): 122.

Decision rationale: CA MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; 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 the present case, there is no documentation of a palpable twitch response and referred pain on objective exam. In addition, there is evidence that the patient's pain has a radicular component at C7. Trigger point injections are not supported at this time. Therefore, the request for cervical trigger point injections performed on 8/4/14 is not medically necessary.

Cyclobenzaprine 7.5mg # 90 (8/5/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2. Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the present case, the patient has used this medication before but there is no information provided about the efficacy of prior use. In addition, the guidelines recommend only a short course of therapy. Therefore, the request for cyclobenzaprine 7.5 mg #90 (8/5/14) is not medically necessary.

Hydrocodone/APAP 7.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2009 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There are no included records of urine toxicology screens, pill counts, or opiate contracts. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Guideline criteria do not support the use of this medication at this time. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for hydrocodone/APAP 7.5/325 mg #120 is not medically necessary.