MAXIMUS Federal Services

Case Number:	CM14-0156565		
Date Assigned:	10/15/2014	Date of Injury:	04/06/2000
Decision Date:	11/18/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/24/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 6, 2000.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; and anxiolytic medications.In a Utilization Review Report dated September 13, 2014, the claims administrator denied a request for Valium and a trigger point injection. The applicant's attorney subsequently appealed.In a progress note dated September 16, 2014, the applicant reported persistent complaints of neck, shoulder, and upper back pain. Stiffness and limited range of motion were noted about the cervical paraspinal musculature and trapezius musculature. X-rays of the cervical spine demonstrated intact hardware. The applicant stated that she did not have any present paresthesias about the upper extremities. Valium was apparently endorsed for muscle spasms. It was acknowledged that the applicant had previously received Valium. It was further noted that the applicant had already previously received a left-sided trigger point injection into the trapezius musculature. The applicant's work status was not clearly stated. In a separate note dated September 16, 2014, it was suggested that the applicant had already been declared permanent and stationary and was reportedly off of work. The applicant was using Valium on a daily basis along with Neurontin, Lexapro, Wellbutrin, and Norco, it was further noted. Both neck and low back pain were reported. Neurontin was refilled. Additional physical therapy was sought. The applicant received a trigger point injection on August 18, 2014 which comprised of Celestine-Marcaine-Lidocaine. The applicant was given a prescription for Valium on this date, again reportedly for antispasmodic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic benzodiazepine usage is "not recommended," with most guidelines limiting benzodiazepine usage to four weeks. In this case, it appears that the applicant had been using Valium for a minimum of eight weeks on and around the date of the request, for muscle relaxant effect purposes. This is not an MTUS-endorsed role for Valium. Therefore, the request is not medically necessary.

1 Cortisone Injection to the Left Trapezial: Upheld

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

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

Decision rationale: The request in question represents a request for a repeat trigger point injection. However as noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat trigger point injections should be based on documented evidence of functional improvement with earlier injections. In this case, the applicant has had prior trigger point injections to the trapezius musculature. The applicant has, however, seemingly failed to demonstrate any lasting benefit or functional improvement with the same. The applicant remains off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Norco, and anxiolytic medications such as Valium, and adjuvant medications such as Neurontin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior trigger injections. Therefore, the request for a repeat trigger point injection to the trapezius musculature is not medically necessary.