

<b>Case Number:</b>	CM14-0159584		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

According to the records made available for review, this is a 48-year-old female with a 10/16/12 date of injury. At the time (8/26/14) of request for authorization for One (1) cervical trigger point injection, Cyclobenzaprine 10mg #90 with 2 refills, and Naprosyn 500mg #60 with 2 refills, there is documentation of subjective (neck pain associated with pain and numbness of the left arm) and objective (palpable taut bands, spasm noted on the cervical paraspinal and trapezius region, sensory loss in the left C6-C7 distribution, absent brachioradialis/biceps reflex, and noted trapezius hypertonicity with trigger points) findings, current diagnoses (cervical disc displacement without myelopathy, cervical disc degeneration, and brachial neuritis or radiculitis not otherwise specified), and treatment to date (medications (including ongoing treatment with Cyclobenzaprine and Naprosyn), previous trigger point injections (December 2012), chiropractic therapy, epidural injections, nerve root injection, and physical therapy). Medical report identifies that previous trigger point injections provided greater than 50% pain relief for 3-4 months. Regarding trigger point injection, there is no documentation of evidence of functional improvement following previous injection. Regarding Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Regarding Naprosyn, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naprosyn use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) cervical trigger point injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Criteria for use of Trigger Point Inject.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Page(s): 122. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement without myelopathy, cervical disc degeneration, and brachial neuritis or radiculitis not otherwise specified. In addition, there is documentation of previous trigger point injections. However, despite documentation that previous trigger point injections provided greater than 50% pain relief for 3-4 months, there is no documentation of evidence of functional improvement following previous injection. Therefore, based on guidelines and a review of the evidence, the request for One (1) cervical trigger point injection is not medically necessary.

**Cyclobenzaprine 10mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, Generic Available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle

relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement without myelopathy, cervical disc degeneration, and brachial neuritis or radiculitis not otherwise specified. In addition, there is documentation of spasm and ongoing treatment with Cyclobenzaprine. Furthermore, given documentation of ongoing treatment with NSAIDs, there is documentation of Cyclobenzaprine used as a second line agent. However, given documentation of ongoing treatment with Cyclobenzaprine and a request for Cyclobenzaprine with 2 refills, there is no documentation of short-term (less than two weeks) treatment. In addition, given documentation of ongoing treatment with Cyclobenzaprine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10mg #90 with 2 refills is not medically necessary.

**Naprosyn 500mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement without myelopathy, cervical disc degeneration, and brachial neuritis or radiculitis not otherwise specified. However, given documentation of ongoing treatment with Naprosyn, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naprosyn use to date. Therefore, based on guidelines and a review of the evidence, the request for Naprosyn 500mg #60 with 2 refills is not medically necessary.