

<b>Case Number:</b>	CM14-0178616		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/02/2007
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 60 year old female with an injury date of 06/02/07. Based on the 09/24/14 progress report provided by [REDACTED] the patient complains of chronic neck and right shoulder pain rated 3-4/10 with and 6-8/10 without medications. Patient is status post right shoulder surgery November 2013. Physical examination to the cervical spine revealed tenderness to palpation to paravertebral muscles and bilateral trapezius and decreased range of motion. Treater states that the medications improve her participation in home exercise program and activities of daily living. Her medications include Norco and Zanaflex. Patient is temporarily totally disabled. Diagnosis 09/24/14- cervical spine, right trapezius strain- thoracic strain- bilateral wrist extensors/flexors overuse tendon tenosynovitis- increased depression/irritation The utilization review determination being challenged is dated 09/30/14. The rationale follows: 1) 60 NORCO 10/325MG BETWEEN 09/26/14 AND 12/25/14: "patient has used Norco at least since 2012, with no documented functional improvements or decreased pain..." 2) 60 ZANAFLEX 4MG BETWEEN 09/26/14 AND 12/25/14: "medication was last certified on 08/13/11 and patient did not appear to be benefiting from this prolonged utilization..." 3) 1 TRIGGER POINT RIGHT UPPER TRAP INJECTION UNDER ULTRASOUND GUIDANCE BETWEEN 09/26/14 - 12/25/14: "no documentation of current trapezius trigger points. Previously a right upper trapezius trigger point was administered prior to 05/04/12. Another similar injection was administered on 03/11/11. No significant improvements were documented as the direct result of previous injections." [REDACTED] is the requesting provider and he provided treatment reports from 06/03/14 - 09/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Norco 10/325mg between 9/26/2014 and 12/25/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,78.

**Decision rationale:** The patient is status post right shoulder surgery November 2013, and presents with chronic neck and right shoulder. The request is for 60 Norco 10/325mg between 09/26/14 and 12/25/14. Patient's diagnosis dated 09/24/14 included cervical spine, right trapezius strain, thoracic strain, and bilateral wrist extensors/flexors overuse tendon tenosynovitis. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treater report dated 09/24/14, the patient's pain is rated 3-4/10 with and 6-8/10 without medications. In this case, while the treater provides a general statement that "the medications improve patient's participation in home exercise program and activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and adverse effects, etc. Given the lack of documentation as required by MTUS, recommendation is for not medically necessary.

**60 Zanaflex 4mg between 9/26/2014 and 12/25/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; medication for chronic pain Page(s): 66,60.

**Decision rationale:** The patient is status post right shoulder surgery November 2013, and presents with chronic neck and right shoulder pain rated 3-4/10 with and 6-8/10 without medications. The request is for 60 Zanaflex 4mg between 09/26/14 and 12/25/14. Patient's diagnosis dated 09/24/14 included cervical spine, right trapezius strain, thoracic strain, and bilateral wrist extensors/flexors overuse tendon tenosynovitis. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain pg 66:"

ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS page 60 require recording of pain and function when medications are used for chronic pain. The medications

improve her participation in home exercise program and activities of daily living. UR letter dated 09/30/14 states that "medication was last certified on 08/13/11 and patient did not appear to be benefiting from this prolonged utilization..." However, per treater report dated 09/24/14, the patient's pain is rated 3-4/10 with and 6-8/10 without medications. Treater also states that "the medications improve patient's participation in home exercise program and activities of daily living." It appears the medication is helping the patient with her chronic neck and shoulder pain. Recommendation is for medically necessary.

**1 trigger point right upper trap injection under ultrasound guidance between 9/26/2014 and 12/25/2014:** 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:** The patient is status post right shoulder surgery November 2013, and presents with chronic neck and right shoulder. The request is for 1 trigger point right upper trap injection under ultrasound guidance between 09/26/14 - 12/25/14. Patient's diagnosis dated 09/24/14 included cervical spine, right trapezius strain, thoracic strain, and bilateral wrist extensors/flexors overuse tendon tenosynovitis. MTUS pg 122 under its Chronic Pain section has the following regarding trigger point injections: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain;..." Treater does not discuss this request in the reports provided. UR letter dated 09/30/14 states "a right upper trapezius trigger point was administered prior to 05/04/12. Another similar injection was administered on 03/11/11. No significant improvements were documented as the direct result of previous injections." The reports provided do not show documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain," as required by MTUS. Recommendation is for not medically necessary.