

<b>Case Number:</b>	CM14-0031973		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/16/1997
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 66 year old male who had a reported date of injury of 04/16/97. There is no clinical documentation of the mechanism of injury. The injured worker has chronic cervical spine pain. The injured worker has continued neck pain on a daily basis. Medications help, pain stable with medication and functional status maintained with medication. Occasional injections also help. The injured worker has had multiple trigger point injections in the cervical spine every couple of months from October of 2013 through March of 2014. The most recent progress note dated 04/10/14 physical examination of the cervical spine revealed spasms, painful and restricted range of motion. There was facet tenderness of the radiculopathy on the right at C5-6 and on the left at C5-6. Trigger point bilateral cervical trapezial ridge elicited. Pain was axial compression noted flexion to 20 degrees extension to 20 degrees. Diagnosis is cervical facet arthrosis, cervical discogenic disease, and chronic cervical spine sprain/strain. He has been treated with home exercise program, Norco, Toradol, and Temazepam. There is no documentation of supervised physical therapy. The injured worker did have a functional capacity evaluation on 03/29/11 and was noted unable to return to work. Prior utilization review was determined not medically necessary on 03/05/14. The request is for trigger point injection for bilateral cervical spine paraspinal muscle, 2 ccs of Marcaine and 1cc of Celestone, quantity of 2, and Temazepam 50mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection bilateral cervical spine paraspinal muscle, two (2) cc Marcaine & one (1) cc Celestone, Qty. 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, trigger point injection.

**Decision rationale:** The request for trigger point injection for bilateral cervical spine paraspinal muscle, 2cc of Marcaine and 1cc of Celestone, quantity 2 is not medically necessary. The clinical documents submitted for review as well as current evidence based guidelines do not support the request for trigger point injections. There is no documentation of positive twitch response. No documentation of supervised physical therapy. Therefore medical necessity has not been established.

**Temazepam 50 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

**Decision rationale:** The request for Temazepam 50mg, #30 is not medically necessary. The clinical documents submitted for review as well as current evidence based guidelines do not support the request for Temazepam, Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Therefore medical necessity has not been established.