

Case Number:	CM14-0035379		
Date Assigned:	06/23/2014	Date of Injury:	01/21/2005
Decision Date:	08/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 patient is a male with date of injury 1/21/2005. Per comprehensive orthopedic re-evaluation dated 1/14/2014, the injured worker has moderate low back pain that radiates down to both legs. He has trouble sleeping. He is also having muscle spasms and stabbing pain especially with prolonged walking that bothers him. He is working at his new job within his restrictions. He is not in therapy. He takes Flexeril 7.5 mg as needed, Tylenol #4 about 2 times a day, Xanax 1 mg for sleep, Prilosec 20 mg to protect the stomach and the topical creams of Ketoprofen, Gabapentin and Tramadol. On examination he walks with some stiffness in his back. He has tenderness, trigger points, and spasms of the left lumbar area more than the right. Flexion is 50/80 degrees. Sitting straight leg is positive at 90 degrees on the right and positive at 80 degrees on the left. Lying straight leg raise is positive at 60 degrees on the right and positive at 50 degrees on the left. Sensation and motor examination are normal. Diagnoses include 1) herniated nucleus pulposus L4-L5 and L5-S1 with sciatica bilaterally 2) anxiety 3) insomnia 4) status post multiple epidural injections at L4-L5 and L5-S1 bilaterally 5) sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Trigger point injections 1cc celestone, 3cc xylocaine, marcino: 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): 112.

Decision rationale: Per the California MTUS Guidelines, trigger point injections are recommended only for myofascial pain syndrome, and not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle which produces a local twitch in response to stimulus to the band. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain, and have not been proven effective for fibromyalgia. The injured worker has been diagnosed with herniated nucleus pulposus at L4-L5 and L5-S1 with sciatica bilaterally. There is no indication by the injured worker's complaints or physical examination that he has trigger points that may necessitate the use of trigger point injections. The request for 2 Trigger point injections 1cc celestone, 3cc xylocaine, marcino is determined to not be medically necessary.

1 Prescription of Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) Page(s): 41,42,63,64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. The California MTUS Guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for 1 Prescription of Flexeril 7.5mg #90 is determined to not be medically necessary.

1 Prescription of Tylenol #4 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CodeineAcetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The California MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. The medical reports do not indicate that function has improved as a result of the use of Tylenol #4. It is not recommended to discontinue opioid

treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for 1 Prescription of Tylenol #4 #90 is determined to not be medically necessary.

1 Prescription of Xanax 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section and Weaning of Medications section Page(s): 24, 124.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over 4 weeks, and tapering is recommended when used for greater than 2 weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for 1 Prescription of Xanax 1mg #60 is determined to not be medically necessary.