

<b>Case Number:</b>	CM14-0036452		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/10/1990
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 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 injured worker is a 61 year old female who sustained an injury on 02/10/90 when she was involved in a motor vehicle accident. The injured worker has been treated with an extensive amount of surgical procedures to include both cervical and lumbar fusion and has had multiple surgical procedures for the cervical spine. The injured worker has been followed for ongoing chronic pain in both the neck and low back. Other treatment has included epidural steroid injections as well as the use of multiple narcotic agents. It is noted that the injured worker had previously completed a detoxification program from narcotics. The injured worker reported approximately 60-70% relief of low back and radicular symptoms from epidural steroid injections completed on 10/17/13. The clinical report from 01/09/14 indicated the injured worker had manageable pain at 5/10 on the visual analog scale in regards to the lumbar spine. The injured worker reported increasing pain in the cervical region which was only temporarily controlled with epidural steroid injections from August of 2013. The injured worker described her neck pain as 8/10 on the visual analog scale. Physical examination noted decreased range of motion in the neck and low back. Reduced reflexes were noted in the lower extremities; however, there was no focal motor weakness present. At this evaluation, the injured worker was utilizing MS Contin 30mg 3-4 times per day and Ultram ER 200mg daily. The injured worker was also taking Hycodan syrup, 1 tablespoon every 6 hours as needed for pain. Other medications included Zanaflex and Valium as well as a topical analgesic cream. Further epidural steroid injections were recommended at this evaluation. The injured worker was seen on 02/10/14 with no significant changes in complaints. No medication changes were identified. At this visit, the injured worker was prescribed Ultram ER 150mg, quantity 30 and continued on Zanaflex 6mg, quantity 60. Due to continuing myofascial pain, there was a recommendation for trigger point injections. These were performed on this evaluation at 4 separate areas. The

requested Ultram ER 150mg, quantity 30, 4 trigger point injections, and Zanaflex 6mg, quantity 60 were all denied by utilization review on 02/27/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** Ultram is an analgesic that is considered an option for the treatment of moderate to severe musculoskeletal complaints. For this medication, guidelines do recommend that there be ongoing assessments regarding functional improvement and pain reduction to warrant its continuing use. In this case, there is no clear evidence of any significant functional improvement or pain reduction with continuing use of Ultram that would support its ongoing use. Based on review of the clinical documentation submitted, as well as current evidence based guidelines, the request is not medically necessary.

**Zanaflex 6mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxant use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbations of chronic pain or any evidence of a recent acute injury. Based on the clinical documentatin provided for review and current evidence based guideline recommendations, the request is not medically necessary.

**4 trigger point injections:** 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 4 trigger point injections completed on 02/10/14 were not consistent with guideline recommendations. There is no evidence from the objective findings of any circumscribed trigger points indicative of myofascial pain syndrome that would have supported the use of these injections. The injured worker's symptoms were primarily consistent with radiculopathy which is a general contraindication for the procedures. Furthermore, previous trigger point injections performed for the injured worker had not provided a substantial amount of relief to justify continuing this type of therapy. Therefore, the request is not medically necessary.