

Case Number:	CM14-0046725		
Date Assigned:	07/02/2014	Date of Injury:	07/02/2008
Decision Date:	08/25/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/14/2014

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 Pain Medicine, and is licensed to practice in California and Washington. 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 53-year-old female who reported an injury on 07/02/2008. The mechanism of injury was repetitive motion. Her diagnoses include fibromyalgia, cervicalgia, lumbago and depression. Her previous treatments included acupuncture, physical therapy, medication, injections, Botox injections and chiropractic treatments. Per the clinical note dated 03/17/2014, the injured worker had complaints of pain in her head, neck and shoulders of which radiated to both arms. She also had complaints of pain in her back and knees which radiated to her bilateral legs and feet. She reported the pain was associated with numbness and tingling in her feet and weakness in her arms, hands, legs and feet. She reported her pain was a 5 over 10 at its best and a 7 over 10 at its worst. The patient regarded her functional limitations including, physical exercise, performing household chores, participating in recreation, driving, doing yard work or shopping. Her current medications include Oxycodone, Celebrex, Tramadol ER, Lorazepam and Amrix. On physical examination of the cervical spine, the physician reported that she had tenderness and decreased range of motion. There was no trigger point noted on the evaluation. On evaluation of the lumbar spine, the physician reported there was tenderness to palpation with paraspinal muscles consistent with spasms. The physician's treatment plan included a recommendation for trigger point injections to the bilateral cervical paraspinal muscles with Botox 400 units to address myofascial pain and findings of multiple trigger points. The physician also provided prescriptions for Ultram ER 150 mg by mouth 1 daily as needed for long acting pain medication and Flexeril 7.5 mg by mouth 1 daily to twice daily as needed as a muscle relaxant. The Request for Authorization was provided on 04/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines May (2009); Tramadol (Ultram); Opioids Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Ultram ER 150 mg #30 is not medically necessary. The California MTUS Chronic Pain Guidelines indicate that for ongoing use of opioids, there should be review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid and how long it takes for pain relief and how long the pain relief lasts. In the clinical documentation provided, the injured worker indicated that he had pain relief with the use of medications, however, there was no examination providing numerical numbers to indicate the average pain, intensity of pain after taking the opioids, and how long the pain relief lasts. The injured worker reported that she had decreased functional deficits, however there was no documentation to indicate if the patient had improvements or functional gains when taking the medication. There was a recent urine drug screen provided that indicated the patient was negative for all medications and she was prescribed Tramadol which was inconsistent with her pain medications. Therefore, in the absence of pain relief with objective pain scales, and the inconsistent urine drug screen, the criteria for use of opioids has not been met per the guidelines. As such, the request for Ultram ER 150 mg #30 is not medically necessary.

1 Prescription of Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The request for 1 prescription of Flexeril 7.5 mg #60 is not medically necessary. The California MTUS Chronic Pain Guidelines state that muscle relaxants are recommended with caution as a second line of option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. The guidelines state that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy and is not recommended for longer than 2 to 3 weeks. The clinical documentation provided indicated the injured worker had muscle spasms, however the efficacy of the medication for the spasms relief was not proved. Therefore, due to the lack of information indicating the length of time the

medication had been prescribed and the efficacy of spasm relief, the criteria per the guidelines has not been met. As such, the request for Flexeril 7.5 mg #60 is not medically necessary.

6 Trigger point injections to the bilateral cervical paraspinal muscles with Botox 400 units:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Botulinum toxin (Botox, Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25.

Decision rationale: The request for 6 trigger point injections to the bilateral cervical paraspinal muscles with Botox 400 units is not medically necessary. The California MTUS Chronic Pain Guidelines state that botulinum toxins (Botox) are not generally recommended for chronic pain disorders, but are recommended for cervical dystonia. The guidelines indicate that Botox is not recommended for chronic neck pain, myofascial pain and trigger point injections. The guidelines further state that there is no current evidence to support the use of Botox for trigger point injections for myofascial pain. In the clinical documentation, the physician reported that he was recommended the use of Botox for myofascial pain and positive trigger points. The guidelines do not support the use of Botox trigger point injections for myofascial pain. As such, the request for 6 trigger point injections to the bilateral cervical paraspinal muscles with Botox 400 units is not medically necessary.