

<b>Case Number:</b>	CM14-0054472		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Management, 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 44-year-old with an injury date on January 30, 2007. Based on the February 27, 2014 progress report provided by [REDACTED], the patient complains of neck and upper back pain that occasionally radiate to the left arm. The patient had a flare-up episode of neck pain couple of weeks. Tenderness to palpation noted at the left cervical paraspinal musculature that translates down into the left parascapular region. Range of motion of the cervical spine is decreased in the direction of left lateral rotation. The patient's diagnoses were note provided in the report. There were no other significant findings noted on this report. [REDACTED] is requesting trigger point injection: left side of the cervical paraspinal musculature, Soma 350 mg #60 with 2 Refills, Ryzolt #60 with 1 Refill, Prilosec #60 with 2 Refills, and Flexeril 10mg #60, 2 refills. The utilization review denied the request on March 25, 2014. [REDACTED] the requesting provider, and he provided treatment reports from August 28, 2013 to March 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection of the left side of the cervical paraspinal musculature:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 122Trigger point injections Page(s): 22.

**Decision rationale:** According to the February 27, 2014 report by [REDACTED] this patient presents with neck and upper back pain that occasionally radiate to the left arm. The treater is requesting trigger point injection for the left the cervical paraspinal musculature. There is insufficient documentation of the duration or percentage of improvement from the prior injections. Regarding repeat trigger point injections, the Chronic Pain Medical Treatment Guidelines state that no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The treater mentions on March 26, 2014 report reducing her pain greater than 60% at least for several weeks. In this case, there was document of pain relief greater than 50% lasting for several weeks after the prior injection on August 28, 2013. However, review of reports show the patient has pain that occasionally radiate to the left arm. Based on available information, the patient has radicular symptoms for which trigger point injections are not indicated. The request for a trigger point injection of the left side of the cervical paraspinal musculature is not medically necessary or appropriate.

**Soma 350 mg sixty count with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SOMA MTUS pg 29MTUS, page 63-66Muscle relaxants (for pain) Page(s): 29, 63-66.

**Decision rationale:** According to the February 27, 2014 report by [REDACTED] this patient presents with neck and upper back pain that occasionally radiate to the left arm. The treater is requesting Soma 350 mg sixty count with two refills. Soma was first mentioned in the October 9, 2013 report. Regarding this medication, Chronic Pain Medical Treatment Guidelines states Soma is not recommended. This medication is not indicated for long-term use. The treater's current request for on-going use of this medication is not supported by the Chronic Pain Medical Treatment Guidelines. The request for Soma 350 mg sixty count with two refills is not medically necessary or appropriate.

**Ryzolt sixty count with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in musculoskeletal pain.Medications for chronic pain (MTUS 60,61)CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89)Opioids for chronic pain (MTUS pgs 80,81) Page(s): 60, 61; 88, 89; 80, 81.

**Decision rationale:** According to the February 27, 2014 report by [REDACTED] this patient presents with neck and upper back pain that occasionally radiate to the left arm. The treater is requesting Ryzolt sixty count with one refill. Ryzolt was first mentioned in the October 9, 2013

report. For chronic opiate use, the Chronic Pain Medical Treatment Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs [activities of daily living], adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. In this case, the treater does not use a numerical scale to assess patient's current and average pain, with and without medication. However, there are no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of Tramadol. The Chronic Pain Medical Treatment Guidelines require not only requires analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in the Chronic Pain Medical Treatment Guidelines. The request for Ryzolt sixty count with one refill is not medically necessary or appropriate.

**Prilosec sixty count with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 69) Page(s): 69.

**Decision rationale:** According to the February 27, 2014 report by [REDACTED] this patient presents with neck and upper back pain that occasionally radiate to the left arm. The treater is requesting Prilosec sixty count with two refills. Prilosec was first mentioned in the October 9, 2013 report. The Chronic Pain Medical Treatment Guidelines state Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. The Chronic Pain Medical Treatment Guidelines requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA (acetylsalicylic acid), history of PUD (peptic ulcer disease), gastritis, etc. Review of the report show that the patient has gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by the Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines do not recommend routine use of GI prophylaxis without documentation of risk. The request for Prilosec sixty count with two refills is not medically necessary or appropriate.

**Flexeril 10mg sixty count with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. MTUS pg 64Muscle relaxants (for pain) MTUS p63 Page(s): 63, 64.

**Decision rationale:** According to the February 27, 2014 report by [REDACTED] this patient presents with neck and upper back pain that occasionally radiate to the left arm. The treater is

requesting Flexeril sixty count with two refills. Flexeril was first mentioned in the February 27, 2014 report. For muscle relaxants for pain, the Chronic Pain Medical Treatment Guidelines state Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP (low back pain). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Flexeril #60 with 2 refills; this medication is not recommended for long term use. Therefore, the request for Flexeril 10mg sixty count with two refills is not medically necessary or appropriate.