

<b>Case Number:</b>	CM14-0069520		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 76-year-old male who reported an injury on 08/01/2001. The mechanism of injury was not provided. On 05/16/2014, the injured worker presented with acute back pain with muscle spasms. Upon examination of the lumbar spine, there was paraspinal spasm, trigger points on the L5, bilateral sciatic, iliac crest, and lumbar paraspinals. The range of motion was 50% reduced and there was an abnormal sensory and motor exam noted. The diagnoses were pain in the low back and sciatica. Prior treatment included a back brace, an ESI, and medications. Current medications included aspirin, Effexor, Lasix, metformin, metoprolol tartrate, Plavix, Soma, and Vicodin. The provider recommended 1 trigger point injection with ultrasound guidance and Soma 350 mg. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One trigger point injection with ultrasound guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** The request for 1 trigger point injection with ultrasound guidance is not medically necessary. The California MTUS recommend lumbar trigger point injections for myofascial pain syndrome with limited lasting value and is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Alternatively, when symptoms persist more than 3 months, medical management therapy such as ongoing stretching exercises and physical therapy have failed to control pain, radiculopathy is not present, no more than 3 to 4 injections per session. There should be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks. There is no evidence in the documentation that medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. In addition, there is no provocative testing to support possible pathology for the use of a trigger point injection. The provider's request does not indicate the site that the trigger point injection is intended for and the amount of injections being requested. Therefore, the request is not medically necessary.

**Soma 350mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The request for Soma 350 mg with a quantity of 40 is not medically necessary. The California MTUS Guidelines do not recommend Soma. The medication is not indicated for long-term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. The use has been noted for sedative and relaxant effect. As the guidelines do not recommend Soma, the medication would not be indicated. There are no exceptional factors provided in the documentation submitted to support approving outside of the guideline recommendations. Additionally, the provider's request does not indicate the frequency of the medication. Therefore, the request is not medically necessary.