

Case Number:	CM14-0077056		
Date Assigned:	07/18/2014	Date of Injury:	04/21/2000
Decision Date:	09/11/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation 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:

This 58 year-old patient sustained an injury on 4/21/2000 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Flexeril 10 mg and 6 monthly trigger point injections over 6 months. Diagnoses include fibromyalgia stemming from osteoarthritis; chronic fatigue syndrome due to chronic pain; dyslipidemia; severe bilateral trigger fingers; and cervical spine degenerative joint disease. Report of 5/9/14 from the provider noted the patient with ongoing chronic symptoms of pain; Norco was noted not strong enough for pain; titrated Lyrica and Flexeril achieving 30% pain relief. Exam noted 18/18 fibromyalgia tender points, muscle tightness in paraspinal muscles, rhomboid, latissimus dorsi and trapezii with twitch response on palpation; tenderness of flex/ext of digits bilaterally with palpable tender nodes. Request(s) for 1 prescription of Flexeril 10 mg and 6 monthly trigger point injections over 6 months were non-certified on 5/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10 mg.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 58 year-old patient sustained an injury on 4/21/2000 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Flexeril 10 mg and 6 monthly trigger point injections over 6 months. Diagnoses include fibromyalgia stemming from osteoarthritis; chronic fatigue syndrome due to chronic pain; dyslipidemia; severe bilateral trigger fingers; and cervical spine degenerative joint disease. Report of 5/9/14 from the provider noted the patient with ongoing chronic symptoms of pain; Norco was noted not strong enough for pain; titrated Lyrica and Flexeril achieving 30% pain relief. Exam noted 18/18 fibromyalgia tender points, muscle tightness in paraspinal muscles, rhomboid, latissimus dorsi and trapezii with twitch response on palpation; muscle weakness of 4/5 in upper extremity; tenderness of flex/ext of digits bilaterally with palpable tender nodes. Request(s) for 1 prescription of Flexeril 10 mg and 6 monthly trigger point injections over 6 months were non-certified on 5/14/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2000. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The 1 prescription of Flexeril 10 mg is not medically necessary and appropriate.

6 monthly trigger point injections over 6 months: Upheld

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

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

Decision rationale: This 58 year-old patient sustained an injury on 4/21/2000 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Flexeril 10 mg and 6 monthly trigger point injections over 6 months. Diagnoses include fibromyalgia stemming from osteoarthritis; chronic fatigue syndrome due to chronic pain; dyslipidemia; severe bilateral trigger fingers; and cervical spine degenerative joint disease. Report of 5/9/14 from the provider noted the patient with ongoing chronic symptoms of pain; Norco was noted not strong enough for pain; titrated Lyrica and Flexeril achieving 30% pain relief. Exam noted 18/18 fibromyalgia tender points, muscle tightness in paraspinal muscles, rhomboid, latissimus dorsi and trapezii with twitch response on palpation; muscle weakness of 4/5 in upper extremity; tenderness of flex/ext of digits bilaterally with palpable tender nodes. Request(s) for 1 prescription of Flexeril 10 mg and 6 monthly trigger point injections over 6 months were non-certified on 5/14/14. There is a CT scan of the cervical spine dated 2/25/13 noting the patient with s/p cervical fusion with evidence of neural foraminal narrowing. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home

stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified neurological weakness and imaging possible radicular component identifying foraminal narrowing for this post cervical fusion patient. Additionally, continuing treatment require functional outcome and request for 6 continuous monthly TPI does not meet guidelines recommendation. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The 6 monthly trigger point injections over 6 months are not medically necessary and appropriate.