

Case Number:	CM14-0085088		
Date Assigned:	07/23/2014	Date of Injury:	05/05/2011
Decision Date:	09/03/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 64-year-old male with a reported date of injury on 05/05/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include musculoskeletal disorders and symptoms referable to the neck, neck sprain, and displacement of cervical intervertebral disc without myelopathy. His previous treatments were noted to include medications and trigger point injections. The progress note dated 04/25/2014 revealed the injured worker reported his trigger point injection lasted 2 weeks and gave him 80% relief in pain. The injured worker indicated he was willing to try an upper trapezius trigger point injection with the steroid. His pain was rated 5/10 to 6/10 and described as moderate. The physical examination revealed tenderness to touch in the bilateral paravertebral muscles, upper trapezius, and levator scapulae with associated spasming/guarding. There was decreased range of motion with increased pain in all planes. There was also a positive Spurling's to the right shoulder noted. The request for authorization form dated 04/25/2014 was for Anaprox DS 550 mg #60 to reduce pain and inflammation, Norco 10/325 mg #30, and Flexeril 10 mg #30; however, the provider's rationale was not submitted within the medical records. The request for authorization form dated 04/25/2014 was for a right upper trapezius trigger point injection with steroid under ultrasound guidance to help decrease medications, increase function, and increase functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg. QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s) : 67-68, 73, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for Anaprox DS 550 mg #60 is non-certified. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines recommend NSAIDs as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short-term symptomatic relief for chronic low back pain. A review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the guidelines recommend short-term utilization of NSAIDs and the injured worker has been taking this medication for over 6 months and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Norco 10/325 mg. QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s) : 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #30 is non-certified. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the "4 As" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be address. There is a lack of documentation regarding decreased pain on numerical scale with the use of medications. There is a lack of documentation showing improved functional status with activities of daily living with the use of his medications. There were no adverse effects with the use of medications noted. The documentation provided indicated the urine drug screen was performed 01/31/2014 and the results were negative. Therefore, due to lack of evidence of significant pain relief, increased function, and adverse effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is non-certified.

Flexaril 10 mg. QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

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

Decision rationale: The request for Flexeril 10 mg #30 is non-certified. The injured worker has been utilizing this medication since 04/2014. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. The injured worker has been documented with noted muscle spasms; however, there is lack of documentation regarding this medication assisting with that. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Right upper trap trigger point injection, with steroid and ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): : 122. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/19057634> Pain Physician. 2008 Nov.-Dec.;11 (6): 885-9 "Ultrasound-guided trigger point injections in the cervicothoracic musculature: a new and unreported technique" Botwin KP1 , Sharma K, Saliba R, Patel B.C.

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

Decision rationale: The request for a right upper trapezius trigger point injection with steroid and ultrasound guidance is non-certified. The injured worker received trigger point injections on 03/19/2014 with 80% pain relief that lasted 2 weeks. The California Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome with limited lasting value. The guidelines do not recommend trigger point injections for radicular pain. The guideline's criteria for the use of trigger point injections is documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, symptoms have persisted for more than 3 months, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain, radiculopathy is not present, not more than 3 to 4 injections per session, no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection

and there is documented evidence of functional improvement, frequency should not be at an interval of less than 2 months, and trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. The guidelines state no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The previous trigger point injection only gave 80% pain relief for 2 weeks and there was a lack of documentation with evidence of functional improvement. Therefore, the request is non-certified.