

<b>Case Number:</b>	CM14-0189301		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 5, 2010. The applicant has been treated with the following: Analgesic medications; unspecified amounts of manipulative therapy; unspecified amounts of physical therapy; and apparent provision with a TENS unit. In a Utilization Review Report dated November 11, 2014, the claims administrator approved a request for Neurontin, Mentherm, SI joint injections, and associated fluoroscopy, while partially approving request for naproxen and Flexeril. TENS unit and trigger point injections were denied outright. The claims administrator stated that its decision was based on previous reports dated May 12, 2013, August 1, 2014, November 3, 2014, and August 13, 2014. The applicant's attorney subsequently appealed. In a handwritten work status report dated November 3, 2014, the attending provider stated that the applicant was a 'qualified injured worker' implying that the applicant was not working. In a handwritten progress note of the same date, November 3, 2014, the applicant reported persistent complaints of low back pain. Trigger point injections were performed on the grounds that the last set of injections had produced significant pain relief. SI joint injection therapy was sought. Large portions of the progress note were difficult to follow, not entirely legible. The applicant exhibited trapezius tenderness. The applicant was using naproxen, Prilosec, Flexeril, Neurontin, and Mentherm, it was acknowledged. Four trigger point injections were performed. TENS unit supplies were sought. In an earlier handwritten note dated August 1, 2014, the applicant again reported heightened complaints of shoulder pain. Mentherm, a replacement TENS unit, Neurontin, Flexeril, Prilosec, and naproxen were all endorsed. The TENS unit was described as a replacement article, while all of the other medications represented renewals. A shoulder

injection of some kind, seemingly a trigger point injection, was apparently performed while the applicant was, once again, deemed a 'qualified injured worker.'

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen 550mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70 & 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic multifocal pain complaints present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit, effectively resulting in the applicant's removal from the workplace. The applicant has been described as a "qualified injured worker," on multiple office visits, referenced above. The attending provider reported on multiple office visits, referenced above, that the applicant's pain complaints were heightened from visit to visit, as supposed to reduced from visit to visit, despite ongoing usage of naproxen. Ongoing usage of naproxen failed to curtail the applicant's dependence on various other analgesic medications, such as Flexeril, Methoderm gel, etc., nor did ongoing usage of naproxen curtail the applicant's dependence on trigger point injections, which were seemingly administered at multiple points in 2014 alone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

**Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including naproxen, Methoderm, Neurontin, etc. It is further noted that the 90-tablet supply of Flexeril at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is

recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**TENS replacement pads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic; MTUS 9792.20f Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, issuance of a TENS unit and, by implication, provision of associated supplies is contingent on evidence of a favorable outcome during said one-month trial. Here, however, the applicant has failed to return to work, despite previous usage of a TENS unit. The applicant has been deemed a qualified injured worker on multiple office visits, referenced above. The applicant's work status and work restrictions are not trending favorably from visit to visit. Ongoing usage of the TENS unit has failed to curtail the applicant's dependence on trigger point injections or numerous other analgesic and adjuvant medications, such as naproxen, Flexeril, Methoderm, Neurontin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the TENS unit. Therefore, the TENS replacement pads at issue were not medically necessary.

**Trigger point injections, right shoulder trapezius, right paracervical qty:4:** 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 topic; MTUS 9792.20f Page(s): 116.

**Decision rationale:** The request in question does represent a request for repeat trigger point injections previously performed on November 3, 2014. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that performance of repeat trigger point injections should be predicated on functional improvement with earlier injections. Here, however, the earlier trigger point injections did not generate any lasting benefits. The applicant remained off of work. The applicant's work status and work restrictions did not change from visit to visit. The applicant was deemed a qualified injured worker, it was noted on multiple office visits, referenced above. Multiple sets of previous trigger point injections failed to curtail the applicant's dependence on various analgesic and adjuvant medications, such as naproxen, Flexeril, Methoderm, Neurontin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite multiple prior trigger point injections. Therefore, the trigger point injections performed on November 3, 2014 were not medically necessary.