

Case Number:	CM15-0000604		
Date Assigned:	01/12/2015	Date of Injury:	03/08/2002
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 63 year old female, who sustained an industrial injury on March 8, 2002. She has reported work related continuous trauma to the neck, back, shoulders, elbows, forearms, wrists, and hands. The diagnoses have included cervical/thoracic/lumbar sprain/strain, multilevel spondylosis, left wrist tenosynovitis, and multilevel disc disease. Treatment to date has included right shoulder arthroscopy, home exercise program, and medications. Currently, the injured worker complains of back, neck, and shoulder pain, as noted by the UR Review dated December 17, 2014. The Primary Treating Physician's report dated August 13, 2013, noted that the injured worker reported losing all the refill medications given on the previous visit of July 2, 2013, with worsening left shoulder and elbow over the last few months. On December 17, 2014, Utilization Review non-certified 120 Zanaflex 2mg and one bilateral upper trapezius trigger point injection. The UR Physician noted the injured worker was reporting an increase in symptoms with muscle spasms but no evidence of spasticity, therefore, due to lack of support from the guidelines and lack of clinical support, the request for 120 Zanaflex 2mg was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Pain (Chronic). The UR Physician noted that trigger point injections had no proven benefit in treating acute neck and back symptoms per the guidelines, and that the injured worker had a diagnosis of cervical radiculopathy/radiculitis, which per guidelines was not to be present, therefore due to lack of clinical support and lack of support from the guidelines the request for one bilateral upper trapezius trigger point injection was non-certified, citing the MTUS Chronic Pain Medical

Treatment Guidelines. On January 2, 2015, the injured worker submitted an application for IMR for review of Zanaflex 2mg # 120 and one bilateral upper trapezius trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Zanaflex 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Pages 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of the muscle relaxant Zanaflex (Tizanidine). MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Zanaflex is not supported by MTUS or ACOEM guidelines. Therefore, the request for Zanaflex is not medically necessary.

1 bilateral upper trapezius trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Trigger point injections Page 122. Decision based on Non-MTUS Citation Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. Various p. <http://www.guideline.gov/content.aspx?id=47589>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that trigger point injections have limited lasting value. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that injection of trigger points have no proven benefit in treating acute neck and upper back symptoms. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that trigger point injections are not recommended. The medical records document cervical spine tenderness and tenderness of bilateral trapezius

muscles. Treatment plan recommendations included trigger point injections of bilateral upper trapezius muscles. MTUS, ACOEM, and Work Loss Data Institute guidelines do not support the medical necessity of trigger point injection of the neck and upper back. Therefore, the request for trigger point injections is not medically necessary.