

Case Number:	CM15-0008980		
Date Assigned:	01/27/2015	Date of Injury:	12/02/1999
Decision Date:	03/24/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male who reported injury on 12/02/1999. The diagnoses included cervical disc degeneration, cervical radiculitis, sprain/strain of thoracic spine, anxiety state, lumbar radiculitis, chronic pain, and myofascial pain syndrome. Prior therapies were not provided. The mechanism of injury was not provided. The documentation indicated the injured worker had been utilizing muscle relaxants since at least 04/2014. Prior therapies were noted to include a medial branch block. The injured worker underwent an MRI of the thoracic spine and lumbar spine as well as cervical spine. The injured worker underwent an epidural steroid injection of the cervical spine. There was a Request for Authorization submitted for review for the requested medications. The documentation of 12/22/2014 revealed the injured worker had neck pain, thoracic pain and low back pain. The pain was rated as 7/10 with medications and 9/10 to 10/10 without medications. The injured worker indicated he had 60% improvement due to medications and the injured worker had improvement in his dressing, his mood, and his standing. The physical examination of the cervical spine revealed myofascial trigger points with a twitch response. The injured worker had tenderness in the spinal vertebral T5-8 with myofascial trigger points. The myofascial trigger points with a twitch response were noted in the lower mid back on the right. The treatment plan included trigger point injections in 1 muscle group and 2 injection points and a Toradol and B12 injection IM due to the acute increase in pain. The diagnoses included cervical disc degeneration, cervical radiculitis, sprain/strain of the thoracic spine, anxiety state unspecified, lumbar radiculitis, chronic pain other, and myofascial

pain syndrome. The treatment plan included a continuation of the medications including Flexeril and ibuprofen. The medication hydrocodone/APAP was noted to be prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg, quantity: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) and Flexeril (Cyclobenzaprine).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documented objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was documentation of objective functional improvement. However, there was a lack of documentation of exceptional factors. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 10 mg quantity 60 with 2 refills is not medically necessary.

Norco 10/325 mg, quantity: 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate for a therapeutic trial of opioids, there should be documentation of a failure of a trial of non-opioid analgesics. There should be documentation of baseline pain and functional assessments. The injured worker should have at least 1 physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. The clinical documentation submitted for review failed to indicate the injured worker had a failure of non-opioid analgesics, that a baseline pain and functional assessment was made including social, physical, psychological, daily and work activities using a validated instrument or numerical rating scale and that the injured worker had 1 physical and psychosocial assessment by the treating physician to assess whether a trial of opioids should occur. Additionally, there was a lack of documentation indicating the necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg quantity 90 with 2 refills is not medically necessary.

Retrospective trigger point injection with Toradol/ B12 IM (intramuscular) injection (provided on 12/22/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Official Disability Guidelines (ODG): Low Back - Lumbar & Thoracic (Acute & Chronic) Facet Joint Diagnostic Blocks (injections) and Official Disability Guidelines (ODG): Low Back - Lumbar & Thoracic (Acute & Chronic), Trigger point injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Toradol B12 Page(s): 121; 122; 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B, B vitamins & vitamin B complex.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. The criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There should be documentation that symptoms have persisted for more than 3 months and medical management therapy such as ongoing exercise, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Radiculopathy should not be present. The clinical documentation submitted for review failed to indicate the injured worker had referred pain and that medical management therapies had failed and that radiculopathy was not present. As such, the request for the trigger point injections would not be supported. The documentation indicated the Toradol and B12 were a separate injection. The California Medical Treatment Utilization Schedule Guidelines indicate that Toradol is not recommended for the treatment of chronic pain. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. They do not, however, address vitamin B12. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that for B vitamins, they are not recommended for the treatment of chronic pain unless there is an associated documented vitamin deficiency. The clinical documentation submitted for review failed to indicate the injured worker had a vitamin B deficiency. This portion of the request would not be supported. Given the above, the request for retrospective trigger point injection with Toradol/ B12 IM (intramuscular) injection (provided on 12/22/2014) is not medically necessary.