

<b>Case Number:</b>	CM15-0102440		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/17/1999
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of June 17, 1999. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve requests for trigger point injections and cyclobenzaprine. The claims administrator referenced a May 13, 2015 progress note in its determination. The claims administrator did not clearly identify whether the request represented a first-time request for trigger point injection therapy or a renewal request. The applicant's attorney subsequently appealed. On said RFA form of May 13, 2015, trigger point injection therapy, Flexeril, and Motrin were endorsed, along with a follow-up visit. In an associated work status report dated May 30, 2015, a rather proscriptive 15-pound lifting limitation was endorsed. It was suggested (but not clearly stated) that the applicant was working with the "same modification" in place. A progress note of May 13, 2015 suggested that the applicant was given diagnoses of lumbosacral neuritis and brachial neuritis. Ongoing complaints of mid and low back pain and shoulder pain were reported. The applicant's pain was alleviated with medications, it was reported. The note was very difficult to follow and not altogether legible. Trigger point injections were apparently proposed, along with unspecified muscle relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections to the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** No, the request for trigger point injections to the cervical and lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for applicants with radicular pain. Here, the applicant was given diagnoses of "lumbosacral neuritis" and "brachial neuritis" on the date of the request, strongly suggesting that the applicant did in fact carry operating diagnosis of radiculopathy involving either the cervical and/or lumbar spines. Trigger point injection therapy, thus, was not indicated in the radicular pain context present here. Therefore, the request was not medically necessary.

**Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. 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 was using at least one agent, ibuprofen. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue suggests chronic, long-term, and/or daily use of the same, i.e., treatment 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.