

Case Number:	CM15-0138957		
Date Assigned:	07/28/2015	Date of Injury:	04/11/2012
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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: 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:

This 43 year old female sustained an industrial injury to the back and buttocks on 4/11/12. Magnetic resonance imaging lumbar spine (5/1/12) showed L3-4 hypertrophic facet degenerative changes. Previous treatment included physical therapy, water therapy, medial branch blocks, radiofrequency ablation, trigger point injections, lumbar sacral wrap, transcutaneous electrical nerve stimulator unit, home exercise and medications. The injured worker was currently receiving care for depression with psychotherapy and medications. In a progress note dated 6/1/15, the injured worker had discontinued Baclofen, Duloxetine and Zorvolex due to elevated liver enzymes. The injured worker was using her transcutaneous electrical nerve stimulator unit, lumbar pillow and topical agents. The injured worker reported that recent trigger point injections (4/28/15) reduced her pain by over 50% and increased her activities of daily living with the effects lasting for up to six weeks. The injured worker was currently not performing any exercises due to the severity of her increased chronic pain. The injured worker's sleep continued to be decreased consisting of three hours per night with four interruptions due to pain. Physical exam was remarkable for tenderness to palpation to the thoracic spine, bilateral sacroiliac joints, hips and piriformis muscle and lumbar spine with trigger points and palpable taut bands in the paraspinal musculature, spasms and painful and decreased range of motion. Current diagnoses included failed L4-5 and L5-S1 medial branch blocks and lumbar radiofrequency ablation, chronic low back pain, pain induced depression and anxiety, obesity, serotonin sensitivity with akathisia, pregabalin sensitivity with urticaria, norepinephrine sensitivity with palpitations and xerostomia and thoracic myofascial pain syndrome. The treatment plan included trigger point

injections into the right lumbar muscles every 6-8 weeks and a prescription for Lyrica as it was associated less often with elevated liver enzymes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Section Page(s): 16-20.

Decision rationale: The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does not appear to have neuropathic pain based on the clinical reports. The request for Lyrica 25mg Qty: 30.00 is determined to not be medically necessary.

Zorvolex 35mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic pain and a prior review stated that the medication Zorvolex was discontinued due to abnormal liver function test. Although the available records do indicate that the injured worker's pain has increased since the Zorvolex was discontinued, it is unclear why this medication would be used in light of the liver function test. The request for Zorvolex 35mg Qty: 90.00 is determined to not be medically necessary.

Trigger point injections into right lumbar muscles Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Section Page(s): 122.

Decision rationale: The MTUS Guidelines recommend the use of trigger point injections for myofascial pain syndrome as indicated, with limited lasting value. It is not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, the injured worker did a trial with trigger point injection that provided significant pain relief of greater than 6 weeks. Trigger point injection is warranted in this case, however, multiple trigger point injections is not warranted until continued efficacy is proven with a single injection. The request for trigger point injections into right lumbar muscles Qty: 12.00 is determined to not be medically necessary.