

<b>Case Number:</b>	CM15-0146843		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: California, Hawaii  
 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 34-year-old female who sustained an industrial injury on March 8, 2013 resulting swelling in her neck and shoulder as well as pain, which radiated into the left upper extremity. She was diagnosed with cervical sprain, cervical degenerative disc disease, shoulder bursitis, and rotator cuff syndrome. Treatment has included steroid injections, trigger point injections, physical therapy, and medications. Response to treatment is not provided in documentation, but the injured worker continues to present with radiating neck pain. The treating physician's plan of care includes 6 retrospective trigger point injections with Lidocaine and Kenalog, and medications Relafen 750 mg, Robaxin 750 mg, and Norco 7.6-325 mg. Work status is not provided in documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg quantity 60 with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 60-61, 67-68.

**Decision rationale:** The patient presents with diagnoses that include cervical sprain, cervical disc disease, shoulder bursitis and rotator cuff syndrome. The patient currently complains of radiating neck pain. The current request is for Relafen 750mg quantity 60 with two refills. The treating physician states in the 6/18/15 (18C) treating report, "Plan: Six trigger point injections with the Lidocaine and Kenalog was done. Prescription of Norco, Relafen and Robaxin was given to the patient. Continue with the ice packs and hot packs and return back to work with the workstation in ergo desk, which was recommended by ergonomics. The patient will be returning in four week." MTUS guidelines require evaluation of the effect of pain relief in relationship to improvements in function and increased activity when using medications for chronic pain. Furthermore, MTUS Guidelines on neuropathic pain state, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, there is extremely limited clinical history that includes one treating physician report and one UDS offered for review. Neither the UDS nor the single treating report offer clinical analysis or history consistent with MTUS Guidelines to support the proposed treatment. MTUS Guidelines require much more thorough documentation to support the medical necessity of proposed treatment. The current request is not medically necessary.

**Robaxin 750mg quantity 30 with one refill:** Upheld

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

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

**Decision rationale:** The patient presents with diagnoses that include cervical sprain, cervical disc disease, shoulder bursitis and rotator cuff syndrome. The patient currently complains of radiating neck pain. The current request is for Robaxin 750mg quantity 30 with one refill. The treating physician states in the 6/18/15 (18C) treating report, "Plan: Six trigger point injections with the Lidocaine and Kenalog was done. Prescription of Norco, Relafen and Robaxin was given to the patient. Continue with the ice packs and hot packs and return back to work with the workstation in ergo desk, which was recommended by ergonomics. The patient will be returning in four week." MTUS Guidelines state the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the treating physician has not prescribed this medication for short term usage as recommended by MTUS. The current request is not medically necessary.

**Norco 7.5/325mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with diagnoses that include cervical sprain, cervical disc disease, shoulder bursitis and rotator cuff syndrome. The patient currently complains of radiating neck pain. The current request is for Norco 7.5/325mg quantity 60. The treating physician states in the 6/18/15 (18C) treating report, "Plan: Six trigger point injections with the Lidocaine and Kenalog was done. Prescription of Norco, Relafen and Robaxin was given to the patient. Continue with the ice packs and hot packs and return back to work with the workstation in ergo desk which was recommended by ergonomics. The patient will be returning in four week." For chronic opiate use, MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.

**Retrospective Trigger Point Injections with Lidocaine and Kenalog quantity 6, DOS 6-18-15: 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:** The patient presents with diagnoses that include cervical sprain, cervical disc disease, shoulder bursitis and rotator cuff syndrome. The patient currently complains of radiating neck pain. The current request is for Retrospective Trigger Point Injections with Lidocaine and Kenalog quantity 6, DOS 6-18-15. The treating physician states in the 6/18/15 (18C) treating report, "Plan: Six trigger point injections with the Lidocaine and Kenalog was done. Prescription of Norco, Relafen and Robaxin was given to the patient. Continue with the ice packs and hot packs and return back to work with the workstation in ergo desk which was recommended by ergonomics. The patient will be returning in four week." MTUS Guidelines support TPI for neck and back pain upon meeting specified criteria. The ODG guidelines states, "Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. Examples of primary myofascial pain syndrome include tennis elbow, frozen shoulder and chronic tension type headache. Secondary myofascial pain is found in the presence of conditions such as whiplash, TMJ

dysfunction, and osteoarthritis. The number one criteria for TPI in MTUS and ODG state, "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case, there is extremely limited clinical history that includes one treating report and one UDS offered for review. Neither the UDS nor the single treating report offer clinical analysis or history consistent with MTUS Guidelines to support the requested treatment. MTUS Guidelines require much more thorough documentation to support the medical necessity of proposed treatment. The current request is not medically necessary.