MAXIMUS Federal Services

Case Number:	CM15-0167621		
Date Assigned:	09/08/2015	Date of Injury:	08/18/2011
Decision Date:	10/07/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
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:

This 63-year-old male sustained an industrial injury on 8-18-11. He subsequently reported low back pain. Diagnoses include low back pain, degenerative disc disease and arthropathy. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints of low back pain. Upon examination of the lumbar spine, range of motion is reduced. Tenderness and spasm is noted throughout the lower back. Decreased thigh muscle strength and left foot drop was noted. Positive jump sign is noted in the low back. A request for Flexeril 5mg 1 PO QHS PRN #30 with 2 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections in the left low back: 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 Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injection left low back are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicalgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are mechanical low back pain; left lumbar facet joint arthropathy; left sacroiliitis; lumbar spondylosis; lumbar degenerative disc disease; and severe spinal stenosis. Date of injury is August 18, 2011. Request for authorization is July 17, 2015. According to a June 19, 2015 progress note, injured worker symptoms are well controlled on Nucynta. Paint store is 4-5/10. Electrodiagnostic studies were performed that it not shows evidence of radiculopathy. Subjectively, there is pain over the entire back. The injured worker has difficulty ADLs. Objectively, there is back spasm and tenderness to palpation. Range of motion is decreased. There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response. In a peer-to-peer conference call between the utilization review provider and the treating provider, the treating provider indicates Amrix is to be taken concurrently with the trigger point injection. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no objective evidence of trigger points on physical examination, trigger point injection left low back are not medically necessary.

Amrix 15mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Amrix (Flexeril extended-release) 15 mg (unspecified quantity) is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less

than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are mechanical low back pain; left lumbar facet joint arthropathy; left sacroiliitis; lumbar spondylosis; lumbar degenerative disc disease; and severe spinal stenosis. Date of injury is August 18, 2011. Request for authorization is July 17, 2015. According to a June 19, 2015 progress note, injured worker symptoms are well controlled on Nucynta. Paint store is 4-5/10. Electrodiagnostic studies were performed that it not shows evidence of radiculopathy. Subjectively, there is pain over the entire back. The injured worker has difficulty ADLs. Objectively, there is back spasm and tenderness to palpation. Range of motion is decreased. There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response. In a peer-to-peer conference call between the utilization review provider and the treating provider, the treating provider indicates Amrix is to be taken concurrently with the trigger point injection. There is no quantity specified for the Amrix request.Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no objective evidence of trigger points on physical examination, trigger point injection left low back are not medically necessary. The trigger point injection was not deemed medically necessary and there was no quantity specified and, as a result, Amrix (Flexeril extended-release) 15 mg (unspecified quantity) is not medically necessary.