

Case Number:	CM15-0187839		
Date Assigned:	09/29/2015	Date of Injury:	03/01/2015
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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:

The injured worker is a 39 year old male, who sustained an industrial injury on 3-01-2015. The injured worker was diagnosed as having low back pain. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, 6 trigger point injections (last on 4-24-2015, "which provided no significant pain relief"), and medications. On 8-21-2015, the injured worker complained of back pain with radiation down his left leg. He rated his pain 6 out of 10 with medications and 8 out of 10 without. Pain level was "unchanged since last visit", quality of sleep was "poor", and activity level was "decreased". He reported having progressively worsening tremors of both upper extremities, greater on the left side, and continued pins and needles sensation on his left heel. Current medications included Baclofen, Tramadol 50mg twice daily, Aleve, Clomiphene Citrate, Etodolac, and Motrin. The treating physician documented under failed medications that he "stopped taking Gabapentin, Flexeril, and Norco in the past", also noting that he stopped using Voltaren gel due to limited efficacy. Physical examination of the lumbar spine revealed tenderness to palpation over the lumbar paraspinal muscles, consistent with spasm. Lumbar facet loading and straight leg raise tests were positive bilaterally. Motor strength was 4 of 5 in the right ankle dorsiflexion. Sensory exam was intact and deep tendon reflexes were normal. He trialed Tramadol (7-10-2015) but was only able to take it in the morning with food, "as it upsets his stomach at nighttime". His work status remained total temporary disability. The treatment plan included 1 trigger point injection for thoracic paravertebrals, restart Flexeril 10mg #30, and continue Tramadol 50mg #60. On 8-26-

2015 Utilization Review non-certified the requested trigger point injection, Flexeril, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

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, there is no objective documentation of a twitch response on physical exam or radiculopathy. Additionally, there injured worker is documented as having 6 prior trigger point injections without significant relief, therefore, the request for trigger point injection is determined to not be medically necessary.

30 Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, Flexeril has been used in a chronic nature and there is no evidence of an acute exacerbation of muscle spasm. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for 30 Flexeril 10mg is determined to not be medically necessary.

60 Tramadol HCL 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, per the injured worker, Tramadol is upsetting to his stomach and he can only take it in the morning. Additionally, he began this medication in July and at an August visit, he stated that the tramadol had not helped with pain or function, therefore, the request for 60 Tramadol HCL 50mg is determined to not be medically necessary.