

Case Number:	CM15-0189117		
Date Assigned:	10/01/2015	Date of Injury:	03/22/2002
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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

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 53 year old male, who sustained an industrial injury on 3-22-02. Medical records indicate that the injured worker is undergoing treatment for lumbar post-laminectomy syndrome, left shoulder internal derangement, bilateral lower extremity radiculopathy, medication-induced gastritis, anxiety and depression. The injured workers current work status was not identified. On (8-20-15) the injured worker complained of low back pain with radiation to the left lower extremity. The pain was rated 6-7 with medications and 9-10 without medications on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral musculature and sciatic notch region. Trigger points and taut bands with tenderness to palpation were noted throughout. The trigger points were noted to produce a local twitch in response to stimulus to the band. Range of motion was decreased. The injured worker was also noted to have significant problems with stress and anxiety. The injured worker has been prescribed Prozac and Xanax; otherwise the injured worker was noted to get very stressed and cannot function at all. Treatment and evaluation to date has included medications, urine toxicology screening, lumbar and cervical MRI, electrodiagnostic studies, spinal cord stimulator implant, physical therapy and a lumbar fusion with subsequent removal of hardware. Current medications include Suboxone, Anaprox, Prilosec, Prozac, Remeron, Ambien, Lisinopril and Xanax (since at least June of 2015). Current treatment requests include trigger point injections times four to the lumbar spine and Xanax 1 mg # 60. The Utilization Review documentation dated 8-27-15 non-certified the request for trigger point injections times four to the lumbar spine and Xanax 1 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 4 to the lumbar spine: 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: Based on the 6/15/15 progress report provided by the treating physician, this patient presents with increased pain in left groin and testicle, as well as low back pain, rated 9-10/10 on VAS scale which reduces to 6-7/10 with medications. The treater has asked for TRIGGER POINT INJECTIONS X 4 TO THE LUMBAR SPINE on 8/20/15. The patient's diagnoses per request for authorization dated 8/21/15 are lumbar HNP rad, cervical HNP rad, chronic pain, tendinitis, medicine induced gastritis/GERD, insomnia, migraine, severe resistant nausea, depression/anxiety, muscle spasm, and facet disease. The patient has ongoing radicular symptoms in bilateral lower extremities per 6/15/15 report. The patient is s/p posterior interbody lumbar fusion L4-5 in 2004 with removal of hardware in 2005 per 4/21/15 report. The patient has failed physical therapy, stretching, NSAIDs, and muscle relaxants per 8/20/15 report. The patient's work status is not included in the provided documentation. MTUS Trigger Point Injection section, page 122 states: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. 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. Not recommended for radicular pain. 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. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004)" Review of the reports do not show any evidence of trigger point injections being done in the past. The patient has a diagnosis of lumbar HNP rad and has ongoing radicular symptoms in bilateral lower extremities. MTUS recommends trigger point injections only for myofascial pain syndrome and not for radicular pain. Although the treater documents trigger points with taut bands with tenderness to palpation throughout paravertebral musculature and sciatic notch region per 8/20/15 report, there is no diagnosis of myofascial pain. Additionally, the patient presents with radicular symptoms for which trigger point injections are not indicated. Therefore, the request IS NOT medically necessary.

Xanax 1mg quantity 60: 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): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Xanax (Alprazolam).

Decision rationale: Based on the 6/15/15 progress report provided by the treating physician, this patient presents with increased pain in left groin and testicle, as well as low back pain, rated 9-10/10 on VAS scale which reduces to 6-7/10 with medications. The treater has asked for XANAX 1MG QUANTITY 60 on 8/20/15. The patient's diagnoses per request for authorization dated 8/21/15 are lumbar HNP rad, cervical HNP rad, chronic pain, tendinitis, medicine induced gastritis/GERD, insomnia, migraine, severe resistant nausea, depression/anxiety, muscle spasm, and facet disease. The patient has ongoing radicular symptoms in bilateral lower extremities per 6/15/15 report. The patient is s/p posterior interbody lumbar fusion L4-5 in 2004 with removal of hardware in 2005 per 4/21/15 report. The patient has failed physical therapy, stretching, NSAIDs, and muscle relaxants per 8/20/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Benzodiazepine section, page 24, states: "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter under Xanax (Alprazolam) states: Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. In this case, the patient has been taking Xanax since at least 2/25/15, and in reports dated 4/29/15, 6/15/15 and 8/20/15. The treater states that Xanax, along with Prozac, is being prescribed for stress and anxiety per 5/14/15 report. Both MTUS and ODG do not recommend long-term use of this medication. ODG, however, supports short-term use of benzodiazepines in patients with "moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Nonetheless, the reports do not document moderate to severe anxiety disorder or panic attacks in this case. Guidelines do not recommend long term use, and the patient has been using Xanax for more than 6 months from UR date of 8/27/15. Hence, the request IS NOT medically necessary.