MAXIMUS Federal Services

| Case Number: | CM15-0189441 | | |
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| Date Assigned: | 10/01/2015 | Date of Injury: | 10/01/2014 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/24/2015 |
| 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: Emergency 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 injured worker is a 38 year old female who reported an industrial injury on 10-1-2014. Her diagnoses, and or impressions, were noted to include: myofascial pain syndrome of bilateral pyriformis and "tibralis" anterior muscles; trochanteric bursitis. Recent magnetic resonance imaging studies of the lumbar spine were done on 1-29-2015; and x-rays of the lower back in 12-2014. Her treatments were noted to include: a qualified medical evaluation on 7-20-2015; chiropractic adjustments - ineffective; Toradol injection therapy; 3 sets of trigger point injections; medication management ("Baclofen and Norco till 2 weeks ago"). The progress notes of 9-9-2015 reported: lower back pain that shot down her legs and spine; that she was unable to sit doing her job, without shooting pain in the legs and spine; and recent neck and upper back pain. The objective findings were noted to include: a review of the qualified medical examination and radiology reports; that she was positive for depression-anxiety; 3+ spasms Trapezius, pyriformis and "tibralis" anterior; 3+ right > left sacroiliac pain with swelling; 2-3+ left > right trochanteric pain and swelling. The physician's requests for treatment were noted to include . The Request for Authorization, dated 9-9-2015, was noted to include Norco 10-325 mg, 0.5 - 1 tablet, 4 x a day as needed for pain, #100; and Xanax 0.5 mg, 0.5-1 tablet, 3 x a day as needed, #90. The Utilization Review of 9-24-2015 non-certified the request for Norco 10-325 mg, #100, and Xanax 0.5 mg, #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections X 3 sets, low back:** 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 requested Trigger point injections X 3 sets, low back, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic maybe 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." The injured worker has lower back pain that shot down her legs and spine; that she was unable to sit doing her job, without shooting pain in the legs and spine; and recent neck and upper back pain. The objective findings were noted to include: a review of the qualified medical examination and radiology reports; that she was positive for depression-anxiety; 3+ spasms Trapezius, pyriformis and "tibralis" anterior; 3+ right > left sacroiliac pain with swelling; 2-3+ left > right trochanteric pain and swelling. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the criteria percentage or duration of relief from previous injections. The criteria noted above not having been met, Trigger point injections X 3 sets, low back is not medically necessary.

**Norco 10/325mg #100:** 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:** The requested Norco 10/325mg #100, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain that shot down her legs and spine; that she was unable to sit doing her job, without shooting pain in the legs and spine; and recent neck and upper back pain. The objective findings were noted to include: a review of the qualified medical examination and radiology reports; that she was positive for depression-anxiety; 3+ spasms Trapezius, pyriformis and "tibralis" anterior; 3+ right > left sacroiliac pain with swelling; 2-3+ left > right trochanteric pain and swelling. The

treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #100 is not medically necessary.

**Xanax 0.5mg #90:** 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 rationale:** The requested Xanax 0.5mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has lower back pain that shot down her legs and spine; that she was unable to sit doing her job, without shooting pain in the legs and spine; and recent neck and upper back pain. The objective findings were noted to include: a review of the qualified medical examination and radiology reports; that she was positive for depression-anxiety; 3+ spasms Trapezius, pyriformis and "tibralis" anterior; 3+ right > left sacroiliac pain with swelling; 2-3+ left > right trochanteric pain and swelling. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 0.5mg #90 is not medically necessary.