

<b>Case Number:</b>	CM15-0197438		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/20/2004
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, upper back, and shoulder pain reportedly associated with an industrial injury of August 20, 2004. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve requests for two trigger point injections, Celebrex and Skelaxin. The claims administrator referenced an RFA form received on September 30, 2015 in its determination. The applicant's attorney, the applicant, and the treating provider appealed. On an October 17, 2015 appeal letter, the treating provider appealed the denials in a dense three-page note, which was not separated in paragraphs, it was incidentally noted. The treating provider nevertheless acknowledged that the applicant had multiple prior trigger point injections, including as early as March 2014. It was acknowledged that the applicant was not working and was receiving unemployment compensation benefits. The bulk of the appeal letter comprised of legal recitations of why the Utilization Review (UR) denial was reportedly deficient. On September 30, 2015, the applicant's permanent work restrictions were renewed. The attending provider acknowledged that the applicant's ability to perform sweeping and mopping in unspecified amounts have been ameliorated as a result of ongoing medication consumption. In another section of the note, it was stated that the applicant was tearful, angry, and saddened owing to ongoing pain complaints. The applicant was no longer working, it was acknowledged. The note was very difficult to follow as it mingled historical issues with current issues. Celebrex and Skelaxin were endorsed while the applicant's permanent work restrictions were renewed. Little seeming discussion of medication efficacy transpired. It was suggested that the Celebrex

had been employed to owing to the applicant's having developed GI side effects with previously described ibuprofen. Trigger point injections were sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **2 trigger point injections: Upheld**

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

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

**Decision rationale:** No, the request for two trigger point injections is not medically necessary, medically appropriate, or indicated here. The request in question, as the treating provider acknowledged on September 30, 2015, in fact represented a request for repeat trigger point injections. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, it was reported on the September 30, 2015 office visit at issue. The applicant remained dependent on a variety of analgesic medications to include Celebrex and Skelaxin also at issue. Permanent work restrictions were renewed, unchanged from previous visits, on that date. The applicant was not working with said limitations in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

#### **Celebrex 200mg #30 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** Similarly, the request for Celebrex, a COX-2 inhibitor, is likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who are at heightened risk for development of GI complications, as was seemingly the case here in the form of the applicant's having reported reflux with Motrin, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. However, the applicant remained off of work, it was reported on September 30, 2015. The applicant remained dependent on other

forms of medical treatment to include muscle relaxants such as Skelaxin and trigger point injection therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Skelaxin 800mg #30 with 3 refills:** 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): Metaxalone (Skelaxin).

**Decision rationale:** Finally, the request for Skelaxin (metaxalone) is likewise not medically necessary, medically appropriate, or indicated here. While page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Skelaxin is recommended with caution as a second-line option for short-term pain relief in applicants with chronic low back pain, here, however, the 30-tablet, 3-refill supply of Skelaxin at issue implies chronic, long-term, and/or daily usage of the same, i.e., usage in excess of the short-term role for which Skelaxin is espoused, per page 61 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.