

<b>Case Number:</b>	CM15-0206405		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old male who sustained an industrial injury on 8-9-13. The injured worker reported back discomfort with radiation to the bilateral lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for right carpal tunnel syndrome, chronic myofascial pain syndrome cervical and thoracolumbar, right L5 radiculopathy. Medical records dated 10-19-15 indicate pain rated at 6 to 7 out of 10. Provider documentation dated 10-19-15 noted the work status as temporary totally disabled. Treatment has included injection therapy, Tramadol since at least May of 2015, naproxen since at least May of 2015, lumbar spine magnetic resonance imaging (9-17-15). Objective findings dated 10-19-15 were notable for restricted thoracic spine range of motion, myofascial trigger points throughout the cervical, thoracic and lumbar paraspinal musculature, decreased right hand grip strength, positive neck compression test. The original utilization review (10-16-15) denied a request for Naproxen 550mg #120 and 8 Trigger point injections to lumbar and cervical muscles with 1ml 0.25% Bupivacaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The claimant sustained a work injury in August 2013 and is being treated for chronic pain including moderate to severe myofascial pain affecting the cervical and thoracolumbar spine, right carpal tunnel syndrome, mild right L5 radiculopathy, and bilateral shoulder pain. In March 2015, trigger points are referenced as providing a 50% improvement in upper back pain typically lasting 6-8 weeks at a time with improved mobility. There were multiple trigger points throughout the cervical paraspinal, trapezius, levator scapular, scalene, and infraspinatus muscles. Trigger point injections were performed and Ultram and Motrin were prescribed. In May 2015, naproxen was prescribed. On 07/30/15, the trigger point injections were repeated. When seen on 09/03/15 pain was rated at 5-8/10 with and 2/10 with medications. Physical examination findings included slightly to moderately restricted cervical and lumbar spine range of motion. There were multiple myofascial trigger points and taught bands. Cervical compression testing was positive. There was decreased cervical spine range of motion. Shoulder impingement testing was positive bilaterally. Tinel's testing was positive at the right wrist. He had decreased right grip and right lower extremity strength. There was a decreased left ankle reflex. Trigger point injections were performed. Naproxen 550 mg every eight hours #120 for six weeks was prescribed. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing of 1650 mg is in excess of guideline recommendations and cannot be accepted as being medically necessary.

**8 Trigger point injections to lumbar and cervical muscles with 1ml 0.25% Bupivacaine:**  
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:** The claimant sustained a work injury in August 2013 and is being treated for chronic pain including moderate to severe myofascial pain affecting the cervical and thoracolumbar spine, right carpal tunnel syndrome, mild right L5 radiculopathy, and bilateral shoulder pain. In March 2015, trigger points are referenced as providing a 50% improvement in upper back pain typically lasting 6-8 weeks at a time with improved mobility. There were multiple trigger points throughout the cervical paraspinal, trapezius, levator scapular, scalene, and infraspinatus muscles. Trigger point injections were performed and Ultram and Motrin were prescribed. In May 2015, naproxen was prescribed. On 07/30/15, the trigger point injections were repeated. When seen on 09/03/15 pain was rated at 5-8/10 with and 2/10 with medications.

Physical examination findings included slightly to moderately restricted cervical and lumbar spine range of motion. There were multiple myofascial trigger points and taught bands. Cervical compression testing was positive. There was decreased cervical spine range of motion. Shoulder impingement testing was positive bilaterally. Tinel's testing was positive at the right wrist. He had decreased right grip and right lower extremity strength. There was a decreased left ankle reflex. Trigger point injections were performed. Naproxen 550 mg every eight hours #120 for six weeks was prescribed. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of referred pain is not documented. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the trigger point injections were repeated less than 5 weeks after the prior injections in July 2015. For either reason, the request is not medically necessary.