

<b>Case Number:</b>	CM15-0055490		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Colorado  
 Certification(s)/Specialty: Family Practice

### 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 was a 43-year-old female, who sustained an industrial injury, December 11, 2010. The injured worker previously received the following treatments: gym 6 days a week, Motrin, Tizanidine, Ultracet, Effexor, Ambien, Flector patches, lumbar spine MRI, left knee surgery and functional restoration program. The injured worker was diagnosed with low back pain, bilateral knee pain, bilateral hip pain and neck pain. According to progress note of February 12, 2015, the injured worker's chief complaint was persistent bilateral knee, back and hip pain. The knees were the most bothersome with increased popping, cracking, and decrease range of motion and pain of the right knee. The pain was well managed with current pain medication resume. The injured worker rated the pain 9 out of 10 without pain medication and 3-4 out of 10 with pain medication. The treatment plan included 1 trigger point injection and a prescription for Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Trigger point injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment Page(s): 122.

**Decision rationale:** Per the guidelines, trigger point injections are only recommended for myofascial pain syndrome, when criteria are met, related to neck and /or back pain. Injections are not recommended for radicular pain. Myofascial pain syndrome is defined by identifiable trigger points with pain in their associated muscle region. The guidelines specify criteria required for trigger point injections. All criteria must be met: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms have persisted for more than three months. Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Radiculopathy is not present (by exam, imaging, or neuro-testing). Not more than 3-4 injections per session. 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. Frequency should not be at an interval less than two months. Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004) Per the records supplied for review, trigger point palpation with twitch response and referred pain, were not documented. No documentation was supplied indicating pain relief / functional improvement or lack thereof, for previous physical therapy if completed. Physician request was for trigger point injection x1, but the substance to be used to for injection is not specified, As all of the above criteria were not met, the trigger point injection is not medically indicated.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 63 and 66.

**Decision rationale:** Per the Guidelines, Zanaflex (Tizanidine), a centrally acting muscle relaxant approved for use to treat spasticity, is recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help low back pain in several studies and to help myofascial pain in one study. The antispasmodic / anti-spasticity drugs have diminishing effects over time, so are not recommended for long-term use. No quality consistent evidence exists to support use of Zanaflex for more than 4 weeks. For the patient of concern, the record indicates patient has been taking Zanaflex for longer than 1 month. There is documented improvement in patient pain with her current regimen, but that includes multiple other medications and therapies. As Zanaflex has no indication for use longer than 4 weeks, the request for Zanaflex is not medically indicated.