

Case Number:	CM15-0086535		
Date Assigned:	05/08/2015	Date of Injury:	08/23/2003
Decision Date:	07/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 injured worker is a 45 year old female, who sustained an industrial injury on 8/23/2003. She reported right knee, low back, and neck pain. The injured worker was diagnosed as having T11 compression fracture, status post kyphoplasty, cervical myoligamentous injury with degenerative disc disease and facet arthropathy, chronic pain syndrome, cervicogenic headaches with frequent migraine headaches, lumbar myoligamentous injury, right wrist internal derangement, left shoulder sprain/stain syndrome, medication induced gastritis/dyspepsia with positive Helicobacter pylori infection, right upper extremity C6-7 radiculopathy, and right knee internal derangement. Treatment to date has included medications, lumbar epidural steroid injection, magnetic resonance imaging, urine drug screening, and electrodiagnostic studies. The request is for 4 trigger point injections, Baclofen, Fioricet, Meclizine, and Flexeril. The records indicate she has been utilizing Fioricet since at least September 2014. A lumbar epidural steroid injection completed in May 2014, was reported to have given her 50% pain relief. Trigger point injections are reported to have provided her with 50% pain reduction lasting 1-2 weeks. On 4/10/2015, she complained of persistent low back pain with radiation to both lower extremities. She rated the low back pain as 7/10; right knee pain continued; continued neck pain with associated cervicogenic headaches/migraines that had been improved with Botox injection. She reported being able to sleep better at night and cut back on Fioricet 50%, after the Botox injection. The treatment plan included: trigger point injections, Norco, Baclofen, Fioricet, Cymbalta, Meclizine, and Flexeril. The records do not indicate there was an acute flare up of her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger point injections of 10cc of 0. 25 Bupivacaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections 122-123.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Trigger point injections. MTUS guidelines state the following: Trigger point injections, 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) Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be 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 patient has not met these above criteria for an injection. According to the clinical documentation provided and current MTUS guidelines; Trigger point injections are not indicated as a medical necessity to the patient at this time.

Baclofen 10mg #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 Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: Muscle Relaxants is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Muscle Relaxants requested is not being used for short term therapy. It also appears that the patient is currently on two muscle relaxants. According to the clinical documentation provided and current MTUS guidelines; Baclofen is not indicated a medical necessity to the patient at this time.

Fioricet #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet and BCA page 23, page 47.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Fioricet. MTUS guidelines state the following: Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). See also Opioids. According to the clinical documentation provided and current MTUS guidelines; Fioricet is not indicated as a medical necessity to the patient at this time.

Meclizine 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Meclizine. Guidelines state the following: Not indicated for nausea and vomiting secondary to opioid usage. According to the clinical documentation provided and current guidelines; Meclizine is not indicated as a medical necessity to the patient at this time.

Flexeril 10mg #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 Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: Muscle Relaxants is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Muscle Relaxants requested is not being used for short term therapy. It also appears that the patient is currently on two muscle relaxants. According to the clinical documentation provided and current MTUS guidelines; Flexeril is not indicated a medical necessity to the patient at this time.