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| <b>Case Number:</b>   | CM14-0113163 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 03/13/2000 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 06/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/18/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old female with a 3/13/00 date of injury, when she slipped and fell on a wet floor. 3/12/13 Progress note listed current medications that included baclofen Oral Tablet 10 mg; hydrocodone-acetaminophen Oral tablet 5-300 mg; Lyrica Oral capsule 100 mg; morphine Oral Tablet Extended Release 15 mg; Skelaxin Oral Tablet 800 mg. 2/25/14 Progress note described lumbosacral pain. The patient utilizes tramadol, Lyrica, Baclofen, Skelaxin, Biofreeze roll on, and NSAIDs. There is a recent exacerbation in pain, due to the patient's walker breaking and the patient subsequently fell. 6/3/14 Progress note described low back pain radiation to the left hip and right foot. Clinically, the patient moved with discomfort and had a slow steady gait with decreased cadence with rolling walker. Assessment was chronic pain syndrome recently exacerbated by a fall; lumbosacral radiculopathy; muscle spasms; lumbar/piriformis; resolved pain in the right shoulder region. The patient was noted to have had significant improvement since she is obtaining good pain management, and is especially benefiting from TPIs. Current medications include Baclofen, hydrocodone/acetaminophen, Lyrica, Skelaxin, tramadol, and Vanquish oral tab. Treatment plan requested medications, PT consultation, and TPI. 7/8/14 Note documented that the patient presented for trigger pint injections, which were performed. Treatment to date has included lumbar fusion at L5-S1 (2003); PT (land based & aquatic therapy), Trigger pint injections (3/4/14); lumbar ESI (2010); walker; activity modification; and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63.

**Decision rationale:** Medical necessity for the requested muscle relaxant is not established. The patient has been utilizing muscle relaxants for some time, without any indication that there is periodic use of this medication. CA MTUS does not support chronic pain management with the use of muscle relaxants. In addition, the patient is being prescribed baclofen and Skelaxin. It is unclear why the patient requires two muscle relaxants. The request is not substantiated.

**Trigger Point Injections Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122.

**Decision rationale:** Medical necessity for the requested trigger point injections is not established. It appears that the patient has been receiving periodic trigger point injections for at least the last several years. However, the most recent progress note did not describe myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, as required by CA MTUS. Furthermore, this request previously obtained an adverse determination, as there was no documentation of the location or number of TPI requested. Specific functional improvements and pain reduction was not discussed from prior injections. These issues were not addressed and the request remains unsubstantiated.

**Physical Therapy Consultation Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Medical necessity for the requested PT consultation is not established. It has not been noted for which body part a PT consultation is necessary. Prior treatment has not been discussed, with the number of PT sessions and subjective/objective documentation of functional benefit from prior physical therapy. CA MTUS requires documentation of functional improvement from rendered treatment, prior to proceeding with additional PT. Furthermore, it is unclear if the patient has been participating in a home exercise program. The request remains unsubstantiated.

