

<b>Case Number:</b>	CM14-0114586		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/15/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Family 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:

This is a 55-year-old male who reported an industrial injury on 9/15/2006, over eight years ago, attributed to the performance of his customary work tasks. The patient is treated for pain complaints to multiple body parts with the diagnosis of cervical spine mild ligamentous injury with left upper extremity symptoms; left shoulder sprain/strain; lumbar spine Milo ligamentous injury with left lower extremity symptoms; and left knee internal derangement. The patient was reported to complain of depression, however, was not diagnosed with a major depressive disorder. The patient was prescribed Anaprox DS 550 mg #60; Prilosec 20 mg #60; Prozac 20 mg #60; for trigger point injections of 10 mL of 0.25% bupivacaine; and Norco 10/325 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg 330:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Prozac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs; TRI CYCLIC ANTIDEPRESSANTS Page(s): 107; 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- antidepressants for chronic pain; Fluoxetine.

**Decision rationale:** The patient is being treated for anxiety and depression, which has been ongoing with Prozac (fluoxetine); however, there is no provided nexus with the industrial injury for the stated depression other than the issues of chronic pain. The use of fluoxetine is not demonstrated to be medically necessary for the treatment of depression as an effect of the industrial injury. There is no objective evidence to support the medical necessity of the prescribed antidepressants. There is no clinical documentation of efficacy or any functional improvement with the use of the dispensed antidepressants. There is no mental status assessment or review for the efficacy of the prescribed Prozac. There are no diagnoses of major depressive disorder to support the medical necessity of the prescribed Prozac. The use of the antidepressant is consistent with the treatment of chronic pain; however, the patient has very few objective findings documented in his extensive medical records to support ongoing pain issues related to chronic pain. The patient has no specific etiology of the perceived chronic pain issues related to depression. The depression is not clearly demonstrated to be the result of chronic pain or the ongoing treatment of chronic pain. There are no functional assessments of the stated depression and anxiety to demonstrate functional improvement with Prozac. The use of the medication is not demonstrated to lead to functional improvement in the provided medical records. There is no documented functional improvement attributed to the prescription of Prozac (Fluoxetine). There is no demonstrated medical necessity for the continued dispensing of fluoxetine for this patient. The prescription of for refills is excessive and does not allow for functional assessments and between the requested refills. Therefore, Prozac 20mg 330 is not medically necessary.

**Trigger point injections #4 , 10ml 0.25% Bupivacaine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Trigger point Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122-123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-trigger point injections.

**Decision rationale:** The use of trigger point injections are recommended for the treatment of chronic back, neck, or shoulder pain in certain conditions when trigger points are identified with a myofascial pain syndrome as a secondary or tertiary treatment in conjunction with an active defined program for rehabilitation when the patient is demonstrated not to be improving with conservative treatment. The CA MTUS and the Official Disability Guidelines state, 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. The CA MTUS and the Official Disability Guidelines recommend the use of trigger point injections for "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 with reduced medication use 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; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment. The CA MTUS and the Official Disability Guidelines do not recommend the use of trigger point injections in the absence of myofascial pain syndromes, without documentation of circumscribed trigger points, or without an ongoing active rehabilitation program. There is no provided documentation consistent with myofascial pain or documented trigger points with muscle fasciculations in the clinical narrative. The patient's documented diagnoses do not include myofascial pain syndrome and there are no defined specific trigger points and other conservative treatment has not been attempted. Therefore, Trigger point injections #4, 10ml 0.25% Bupivacaine is not medically necessary.