

Case Number:	CM14-0136579		
Date Assigned:	09/03/2014	Date of Injury:	02/28/2002
Decision Date:	10/09/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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, 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 injured worker is a 45 year old female with a reported date of injury on February 28, 2002. The mechanism of injury is not described. A progress note dated July 09, 2014 noted sharp neck pain which radiates to bilateral upper extremities, neck and head. The injured worker reported headaches with visual disturbances and feeling pressure points along cranium. Pain is rated at 8/10, without medication and 5-6/10 with medication. The injured worker reports she is able to complete ADL's with use of medication. Objective findings included dyesthesia in fingers of left hand; mood and affect showed depression and anxiety, cervical lateral flexion 30 degrees with pain, rotation 60 with pain; Spurlings negative; shoulder flexion 0-90 degrees with pain, abduction 160 with pain, rotation 70 degrees with pain, positive impingement to bilateral elbows increasing pain. Tinel's test on left and positive cubital tap test on left. Diagnoses are lesion of ulnar nerve; opioid type dependence continuous; displacement cervical intervertebral disc without myelopathy and migraine without aura without nystagmus. A prior utilization review determination date August 15, 2014 approved a request for Lexapro for treatment of Depression and denied Norco, Chlorzoxazone, and bilateral trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to left splenius capitis, cervicis splenius and trapezius: 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 TPI
Page(s): 122.

Decision rationale: According to CA MTUS, 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. In this case however, there are no detailed examination findings establishing the presence of active trigger points. The medical records do not document circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, there is no indication that symptoms have persisted for more than three months, and have not been response to medical therapies such as ongoing stretching exercises, physical therapy, judicious use of NSAIDs and muscle relaxants. The medical records do not substantiate the patient has cervical region myofascial pain syndrome. Therefore the request for trigger point injection is not medically necessary.

Trigger point injections to right splenius capitis, cervicis splenius and trapezius: 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 TPI
Page(s): 122.

Decision rationale: According to CA MTUS, 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. In this case however, there are no detailed examination findings establishing the presence of active trigger points. The medical records do not document circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, there is no indication that symptoms have persisted for more than three months, and have not been response to medical therapies such as ongoing stretching exercises, physical therapy, judicious use of NSAIDs and muscle relaxants. The medical records do not substantiate the patient has cervical region myofascial pain syndrome. Therefore the request for trigger point injection is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little evidence of significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the request is not medically necessary.

Chlorzoxazone 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chlorzoxazone Page(s): 65.

Decision rationale: Per CA MTUS guidelines, antispasmodics are used to decrease muscle spasm in conditions such as LBP. Chlorzoxazone (Parafon Forte, Paraflex, Relax DS, Remular, generic available): this drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. In this case, there is little to no documentation of substantial muscle spasm unresponsive to first line therapy. There is no documentation of any significant improvement with prior use. Therefore, the request is considered not medically necessary based on the available medical records.