

<b>Case Number:</b>	CM14-0139532		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 59-year-old male who reported an injury on 07/28/2011 reportedly while at work, he was pushing a very large, heavy, concrete trashcan, when he felt a pop in his neck with some burning down his left arm. The injured worker's treatment history included surgery, medications, MRI studies, and X-ray studies, CT scan of the head and neck, and a pulmonary consultation. The injured worker was evaluated on 08/06/2014 and it was documented the injured worker complained of ongoing spasm in the left paracervical area extending to the left shoulder. The voluntary range of motion cervical spine disclosed the injured worker was very guarded in the neck motion. The injured worker complained of moderate pain at the extremes of motion. Examination was felt to be normal in all major muscle groups of upper extremities. Sensory examination was normal to light touch. Biceps, triceps, and brachioradialis reflexes were 0 to 1+ and no pathologic reflexes were evident. The injured worker had slight pain with range of motion of the left shoulder overhead. Roentgenograms of the neck disclosed gradual healing of effusion. He had a left paracervical trigger point, which was injected. The injured worker tolerated the procedure well and without any known complications. Within the documentation submitted, the injured worker has had an ongoing treatment of trigger point injections to the cervical spine. Diagnoses included cervical sprain/strain and degenerative disc disease, and multilevel cervical degenerative disc disease. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retroactive service for trigger point injections (TPI) to the cervical spine, two times:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections & Criteria for the use of Trigger point Injections Page(s): 122.

**Decision rationale:** The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends trigger point injections 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 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) for fibromyalgia syndrome, trigger point injections have not been proven effective. The guidelines also states trigger point injections may be used 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 provider indicated has had multiple trigger injections in the past however, the long-term outcome measurements or functional improvement goals were not provided. Given the above, the request for retroactive service trigger point injections (TPI) to the cervical spine, 2 times is not medically necessary.

**Tizanidine 4mg quantity #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 Page(s): 63,66.

**Decision rationale:** The request is not medically necessary. The California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on Tizanidine and functional improvement while being on the medication. The request did not include frequency of medication for the injured worker. In addition, the guidelines do not recommend Tizanidine to be used for long term use. Given the above, the request for Tizanidine 4mg #60 is not medically necessary.

**Retroactive prescription for Norco 10/325mg quantity #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for retroactive prescription for Norco 10/325mg quantity, # 180 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. There was lack of evidence of outcome measurements of conservative care such as, medication pain management or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. As such, the request is not medically necessary.

**Retroactive prescription for Omeprazole 20mg quantity #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided did indicate that the injured worker was having gastrointestinal events. Additionally, the request lacked frequency and duration of the medication for the injured worker. Given the above, the request for retroactive prescription for Omeprazole 20 mg quantity, # 60 is not medically necessary.