

<b>Case Number:</b>	CM14-0161537		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 39-year-old female who reported an injury on 06/14/2010. The mechanism of injury occurred when she was attempting to stop an altercation, and was pushed against a wall causing her to strike her head. Diagnoses included cervicothoracic sprain/strain with right upper extremity radiculitis, lumbar musculoligamentous sprain/strain with left lower extremity radiculitis, left ankle sprain, post-traumatic headaches, and right shoulder parascapular strain. Diagnostic studies included an unofficial MRI of the cervical spine on 04/11/2012, which reportedly revealed disc protrusion with stenosis and facet arthropathy. An unofficial MRI of the lumbar spine on 05/29/2014 reportedly revealed L5-S1 disc herniation with impingement of the S1 nerve root and bilateral facet degenerative joint disease at L4-5. An unofficial MR arthrogram of the right shoulder on 11/15/2013 reportedly revealed postoperative changes with mild to moderate rotator cuff tendinosis without tear. Surgical history included right shoulder rotator cuff repair on 03/20/2013. The clinical note dated 08/19/2014 indicated the injured worker complained of continuous low back pain radiating to the left lower extremity, with numbness and tingling. She rated the pain 5/10 with medications and 8/10 without medications. The physical exam of the lumbar spine revealed tenderness to palpation, positive straight leg raise, positive Kemp's test, and decreased range of motion. Current medications included Norco 10/325 mg, Colace 100 mg, and Dulcolax 10 mg. The treatment plan included Norco 10/325 mg #120 and 1 ultrasound guided right upper trapezius trigger point injection. The rationale for the treatment plan was pain control. The Request for Authorization form was completed on 08/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Upheld

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

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

**Decision rationale:** The request for Norco 10/325mg, #120 is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation provided indicated the injured worker complained of low back pain radiating to the bilateral lower extremities. She rated the pain 5/10 with medications and 8/10 without medications. She had been taking the requested medication since at least 08/2013. There is a lack of documentation of the assessment for any nonadherent drug related behaviors through the use of urine drug screens. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time, and the request for Norco 10/325mg, #120 is not medically necessary.

**1 ultrasound-guided right upper trapezius trigger point injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation (Colorado, 2002) (Blue Cross Blue Shield, 2004)

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

**Decision rationale:** The request for 1 ultrasound-guided right upper trapezius trigger point injection is not medically necessary. The California MTUS Guidelines indicate that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, and are not recommended for radicular pain. The criteria for the use of trigger point injections includes documentation of circumscribed trigger point injections with evidence upon palpation of a twitch response, as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present; and no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection, and there is documented evidence of functional improvement. The clinical note dated 06/20/2014 provided the most recent physical exam of the right shoulder. The injured worker complained of right shoulder pain and weakness with difficulty pushing, pulling, and reaching. The physical exam revealed decreased range of motion, tenderness to palpation, and muscle strength rated 4/5

for the right shoulder. There is a lack of clinical documentation of physical exam findings of trigger points for the right shoulder. It is also unclear if the injured worker previously had a right shoulder trigger point injection, with documentation of quantified pain relief and functional improvement. Therefore, the treatment plan cannot be supported at this time, and the request for 1 ultrasound-guided right upper trapezius trigger point injection is not medically necessary.