

Case Number:	CM14-0162478		
Date Assigned:	10/07/2014	Date of Injury:	08/28/2012
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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 Arizona. 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:

Patient is a 51 year old female with a date of injury on 8/28/2012. Diagnoses include lumbago, cervicalgia, and thoracic region sprain. Subjective complaints are of continued neck pain, low back pain, bilateral upper extremities, and numbness and tingling in both hands. Physical exam shows decreased lordosis and tenderness over the bilateral neck muscles, facet joints and trapezius muscle, and decreased range of motion. Cervical MRI showed mild degenerative disc disease at C5-6 and C6-7. Medications include Naproxen, Flexeril, and lisinopril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger point injections (TPI) to the splenius capitis/cervicis and upper trapezius muscles, four injections in total DOS: 8/18/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: CA MTUS guidelines recommends trigger point injections for myofascial pain when trigger points are identified, symptoms have persisted for more than 3 months, and conservative treatments have failed including NSAIDS and muscle relaxants. Further criteria

include no evidence of radiculopathy, and frequency of injections should not be greater than two months. For this patient, there is not objective evidence of a myofascial pain syndrome, and there are not specifically identified points of spasm on exam. Therefore, the medical necessity for trigger point injections has not been established.

Retrospective Naproxen 550mg, #30 DOS: 8/18/ 2014: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief, and appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. For this patient, moderate pain is present in multiple locations. Therefore, the requested Naproxen is consistent with guideline recommendations, and the medical necessity is established.

Retrospective Flexeril 10mg, #60 DOS: 8/18/2014: 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 CYCLOBENZAPRINE Page(s): 41-42.

Decision rationale: CA MTUS guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for cyclobenzaprine is not medically necessary.