

<b>Case Number:</b>	CM15-0126003		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/22/1982
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 63-year-old female, who sustained an industrial injury on October 22, 1982. The mechanism of injury was a motor vehicle accident. The injured worker has been treated for neck and low back complaints. The diagnoses have included cervical pain, cervical root lesions, cervical myofascial pain syndrome, cervical facet arthropathy, cervical discogenic spine pain, failed cervical neck surgery syndrome, headache, chronic pain, failed back surgery syndrome and lumbar back pain. Treatment and evaluation to date has included medications, radiological studies, MRI, epidural steroid injections, moist heat, physical therapy, psychological evaluation, transcutaneous electrical nerve stimulation unit, acupuncture treatments, nerve blocks, hypnosis, biofeedback, group therapy, chiropractic treatments, home exercise program, a cervical fusion and three back surgeries. Work status was noted to be permanent and stationary. Current documentation dated May 19, 2015 notes that the injured worker reported increasing neck pain with difficulty lifting her left arm and low back pain. The pain was rated a 5 out of 10 on the visual analogue scale. Examination of the cervical spine revealed diffuse severe tenderness to palpation with spasms, left greater than the right with trigger points throughout bilaterally. Tenderness was also noted over the occiput, left greater than the right. Spasms were also noted over the bilateral lumbar region. The treating physician's plan of care included a request for a cervical spine trigger point injection and Valium 10 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical trigger point injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome. Trigger point injections with an anesthetic are recommended for non-resolving trigger points. Trigger point injections are not recommended for radicular pain. Trigger point injection may occasionally be necessary to maintain function in patients with myofascial problems when trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. Trigger point injection with a local anesthetic may be recommended for the treatment of chronic low back pain or neck pain with myofascial pain syndrome when the following criteria are met: documentation of trigger points on palpation with evidence of a twitch response as well as referred pain, symptoms have persisted more than 3 months, medical management therapies such as stretching ,physical therapy, non-steroidal anti- inflammatory drugs and muscle relaxants have failed to control the pain, radiculopathy is not present by examination or imaging, not more that 3-4 injections are provided per session, no repeat injections unless a greater that 50% pain relief is obtained for six weeks status post injections and there is documented evidence of functional improvement and frequency of injections should not be at an interval less than two months. For fibromyalgia syndrome, trigger point injections have not been effective. In this case, the injured worker had increased left-sided neck pain and spasms with difficulty lifting her left arm. Palpable trigger points were noted bilaterally. The injured worker was also noted to have myofascial pain syndrome. However, there is lack of documentation of a twitch response upon palpation as well as the presence of referred pain as required by the guidelines. The request for a cervical trigger point injection is not medically necessary.

**Valium 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not recommended benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk for dependence. The Official Disability Guidelines do not recommend Benzodiazepines for long-term use (longer than two

weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 days). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the injured worker was noted to have increasing chronic neck pain and has been taking Valium since at least November of 2014. Benzodiazepines are not recommended for long-term use. There is lack of documentation of functional improvement with the use of the medication. The request for the medication Valium is not medically necessary.