

<b>Case Number:</b>	CM15-0037748		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	08/23/2003
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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, who sustained an industrial injury on August 23, 2003. The mechanism of injury is unknown. The injured worker was diagnosed as having T11 compression fracture status post kyphoplasty 10/09/2012, cervical spine sprain/strain syndrome, cervical degenerative disc disease, cervicogenic headaches, cervical facet syndrome, lumbar spine sprain/strain syndrome, reactionary depression/anxiety with associated sleep disturbance, left shoulder sprain/strain syndrome, medication induced gastritis/dyspepsia, right upper extremity C6-7 radiculopathy and right knee internal derangement. Treatment to date has included diagnostic studies, epidural steroid injection, trigger point injections, lumbar steroid injection, botulinum toxin injection, surgery, medication and psychiatric care for depression and anxiety. On February 10, 2015, the injured worker complained of neck pain as well as associated cervicogenic headaches/migraines. She complained of lower back pain that radiates on both lower extremities. The pain was rated as a 7 on a 0-10 pain scale. She continues to have pain in her right knee. She reported that her right knee gives out on her causing her to lose her balance. She reported sleeping better at night. The treatment plan included medications, follow- up visits, psychiatric treatment, evaluation for possible home-health aid needs and an orthopedic surgeon evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen:** 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.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated this medication was a current medication for the injured worker. There was a lack of documentation of objective functional benefit and documentation of exceptional factors to warrant nonadherence to guideline recommendations for use up to no longer 3 weeks. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for baclofen is not medically necessary.

**Meclizine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=meclizine&a=1>.

**Decision rationale:** Per Drugs.com, meclizine is an antihistamine utilized to prevent nausea vomiting or dizziness caused by motion sickness. The rationale was not provided for the use of the medication. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for meclizine is not medically necessary.

**Evaluation by occupational nurse or social worker for home health needs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7, Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or “intermittent” medical treatment of up to 35 hours per week. Medical treatment does not include

homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The clinical documentation submitted for review indicated the request was made due to fibromyalgia, and the request was made as the injured worker was not able to cook or clean. There was a lack of documentation indicating the injured worker had a necessity for primary treatment modality or intermittent medical treatment and would be home bound. The use of home health services is not recommended for homemaker services. Given the above, the request for evaluation by occupational nurse or social worker for home health needs is not medically necessary.

**Referral to orthopedic surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate surgical intervention is appropriate for injured workers who have a failure of an exercise program to increase range of motion and strength of musculature around the knee and activity limitation for more than 1 month with imaging findings. The clinical documentation submitted for review indicated the request was made for an orthopedic surgeon due to ongoing knee pain. There was a lack of documentation of a failure of conservative care and activity limitation. Given the above, the request for referral to orthopedic surgeon is not medically necessary.

**4 Trigger point injections; total of 10cc of 0.25% Bupivacaine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review indicated the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There was noted to be a radicular finding including decreased sensation along the lateral aspect of the arms bilaterally in a distribution of C5 and C6. There were noted to be palpable trigger points with a discrete focal tenderness located in a palpable top band of skeletal muscles which produced a local twitch

response and stimulus to the band. There was documentation that medical management therapies had failed. The request as submitted failed to indicate the specific body part to be treated. Given the above, and the objective findings of radiculopathy, the request for 4 trigger point injections total of 10 cc of 0.25% bupivacaine is not medically necessary.