

<b>Case Number:</b>	CM15-0063119		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/26/2006
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 54-year-old female who reported an injury on 10/26/2006. The mechanism of injury was not specifically stated. The current diagnoses include status post lumbar fusion and status post hardware removal. The injured worker presented on 02/27/2015, for a follow-up evaluation with complaints of low back pain. The injured worker noted an increase in thoracolumbar pain, as well as anxiety and nerve spasm. Upon examination of the lumbar spine, the physician noted a healed surgical incision, decreased and painful range of motion, positive straight leg raise bilaterally, positive Lasegue's testing bilaterally, positive trigger points, and positive muscle spasm. Recommendations at that time included trigger point injections, continuation of Terocin pain patch, and a request for a TENS unit. A Request for Authorization form was then submitted on 03/09/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections 1x2 (lumbar): Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. Management therapy, such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants should have failed to control pain. In this case, the injured worker has been previously treated with trigger point injections in 11/2014. There was no documentation of at least 50% pain relief for 6 weeks following the initial procedure. There was also no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Given the above, the request is not medically necessary.

**Terocin patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker has utilized Terocin pain patch since at least 11/2014. There is no documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically necessary.

**Motrin 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis of the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, there was no documentation of an acute exacerbation of chronic pain. The guidelines do not recommend long term use of NSAIDs. There was no frequency listed in the request. Given the above, the request is not medically necessary.

**Restoril 30mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend long term use of benzodiazepines because long term use is unproven and there is a risk of dependence. In this case, the injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for a benzodiazepine has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.