

<b>Case Number:</b>	CM15-0095443		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	06/30/2003
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on 6/30/03. She has reported initial complaints of a back injury. The diagnoses have included chronic low back pain, lumbar disc displacement, lumbar post laminectomy syndrome, lower extremity neuropathy and radiculopathy, peripheral neuropathy and permanent spinal cord stimulator. Treatment to date has included medications, activity modifications, medial branch blocks, surgery, physical therapy, radiofrequency ablation, trigger point injections, other modalities and home exercise program (HEP). Currently, as per the physician psychiatric progress note dated 3/31/15, the injured worker complains of extremely severe pain in the back, depression, anxiety, irritability, lack of energy and lack of self-confidence. She reports that she is hardly getting out of bed, not functioning in the household, having crying spells, insomnia, and losing her temper. The Doctor's First Report dated 3/19/15 reveals that the injured worker complains of back pain that radiates with numbness, tingling, to the lower extremities with cramping in the bilateral feet. She complains of stress, anxiety and depression due to chronic pain and complains of constipation. The objective findings reveal that the lumbar spine tenderness to palpation with muscle guarding, there is tenderness over the bilateral sciatic notch and bilateral gluteal regions, there is tenderness over the bilateral sacroiliac joints, the straight leg raise bilaterally elicits low back pain, lumbar range of motion is decreased and upon lumbar ranging there is asymmetric motion noted upon flexion with deviation to the right at midline with pain present in all planes of motion. The sensation is decreased in the bilateral lower extremities; she ambulates with a limp favoring the left lower extremity (LLE) and reports difficulty with the left lower extremity

(LLE). The diagnostic testing that was performed included x-rays of the lumbar spine dated 3/19/15 reveal solid fusion with pedicle and cross bars along with pedicle screw and evidence of decompression. There is a spinal cord stimulator noted and decreased disc height. The current medications included Percocet, Norco, Robaxin, Mirapex, Fentanyl patch, Cymbalta, Trazadone, Ambien, Wellbutrin, and Tranxene. The urine drug screens dated 10/9/14, 1/29/15, and 4/23/15, were consistent with the medications prescribed. The physician requested treatments included 10 ultrasound trigger point injections to the lumbar spine and Intramuscular injection of 75mg Demerol, 25mg Phenergan, and 60mg Toradol for chronic back pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective 10 ultrasound trigger point injections to the lumbar spine dos:03/26/2015:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Trigger point injections.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on trigger point injections states: Trigger point injections Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado,

2002) (BlueCross BlueShield, 2004) The provided clinical documentation fails to show circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, criteria have not been met and the request is not medically necessary.

**Retrospective Intramuscular injection of 75mg Demerol, 25mg Phenergan, and 60mg Toradol dos: 03/26/2015:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Meperidine (Demerol), Promethazine (Phenergan), Ketorolac (Toradol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69-72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID states Back Pain, Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. While NSAID therapy is indicated for the treatment of chronic back pain, the requested medication Toradol is not indicated for chronic pain but only for acute pain of moderate to severe intensity. The injection has been requested for acute pain and therefore is certified.