

<b>Case Number:</b>	CM13-0055814		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/25/1994
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 58-year-old male with a 7/25/94 date of injury, and status post partial laminectomy at L4 (undated). At the time (11/1/13) of request for authorization for 4 Trigger Point injections, Tylenol #3 300/30mg #60, and Prilosec 20mg #30, there is documentation of subjective (low back pain that radiates to left lower extremity more on left side, neck pain that radiates to right upper extremity, right shoulder pain, and pain 7/10 with medications and 10/10 without medications) and objective (moderate reduction in cervical and lumbar range of motion secondary to pain, spinal vertebral tenderness noted in lumbar spine at L4-S1 level, lumbar myofascial tenderness noted on palpation, spinal vertebral tenderness noted in cervical spine, cervical myofascial tenderness noted on palpation, decreased sensation to touch in left lower extremity and along L5-S1 dermatome, moderate decrease in motor strength in left lower extremity, motor strength decreased in L5-S1 dermatomes, myofascial trigger points identified on palpation in right trapezius muscles, right levator scapulae muscles and right rhomboid muscles, straight leg raise with patient in seated position and leg fully extended positive on left lower extremity for radicular pain at 5- degrees) findings, current diagnoses (lumbar radiculopathy, cervical radiculopathy, lumbar facet arthropathy, cervical facet arthropathy, status post lumbar laminectomy, and other chronic pain), and treatment to date (physical therapy, activity modifications, and medications (including ongoing treatment with Naproxen, Prilosec, Tizanidine, Tylenol #3 (which allows patient to increase/maintain activities of daily living), and Neurontin)). Medical report identifies there is a pain contract on file. Regarding 4 Trigger Point injections, there is no documentation of myofascial pain syndrome, evidence upon palpation of a twitch response as well as referred pain, and that radiculopathy is not present. Regarding Prilosec 20mg #30, there is no documentation of concurrent use of high dose/multiple NSAID.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **4 Trigger Point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; 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); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, cervical radiculopathy, lumbar facet arthropathy, cervical facet arthropathy, status post lumbar laminectomy, and other chronic pain. In addition, there is documentation of myofascial trigger points identified on palpation in right trapezius muscles, right levator scapulae muscles and right rhomboid muscles; symptoms have persisted for more than three months; medical management therapies such as physical therapy, NSAIDs and muscle relaxants have failed to control pain; and no more than 3-4 injections per session. However, there is no documentation of myofascial pain syndrome and evidence upon palpation of a twitch response as well as referred pain. In addition, given documentation of subjective (neck pain that radiates to right upper extremity) findings and a diagnosis of cervical radiculopathy, there is no documentation that radiculopathy is not present. Therefore, based on guidelines and a review of the evidence, the request for 4 Trigger Point injections is not medically necessary.

### **Tylenol #3 300/30mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, cervical radiculopathy, lumbar facet arthropathy, cervical facet arthropathy, status post lumbar laminectomy, and other chronic pain. In addition, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that Tylenol # 3 allows patient to increase/maintain activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Tylenol #3 use to date. Therefore, based on guidelines and a review of the evidence, the request for Tylenol #3 300/30mg #60 is medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, cervical radiculopathy, lumbar facet arthropathy, cervical facet arthropathy, status post lumbar laminectomy, and other chronic pain. However, despite documentation of ongoing treatment with Naproxen, there is no documentation of concurrent use of high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #30 is not medically necessary.