

Case Number:	CM13-0015247		
Date Assigned:	12/11/2013	Date of Injury:	05/24/2006
Decision Date:	01/24/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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:

The patient is a 38-year-old female who reported an injury on 5/24/06. The patient's diagnoses state status post left ankle arthroscopy performed on 11/28/10; cervical/trapezial musculoligamentous sprain; bilateral upper extremity radiculitis with 1-2mm disc bulges from C3 through C7 per MRI scan on 8/12/08; thoracic outlet syndrome with left subclavian vein compression; lumbar musculoligamentous sprain with left lower extremity radiculitis; and left sacroiliac joint sprain. The patient's symptoms were noted to be low back pain, mild left ankle pain and stiffness, and worsening pain in the left foot with walking. The patient's medications are stated as Vicodin 5/500 four times per day, Norflex 1-2 times per day, and Lyrica as needed. It was also noted that she takes Mobic 1-2 tabs per day. Objective findings at the patient's most recent visit note on 11/28/13 state well-healed portal scars on the left ankle over the medial/lateral aspect, tenderness to palpation over the medial/lateral joint complex, and mild decreased and guarded range of motion noted to the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

one trigger point injection to the left Trapezius: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that trigger point injections are recommended only for myofascial pain syndrome, and not for radicular pain. It further states that the criteria for the use of trigger point injections include documentation of a circumscribed trigger point with evidence upon palpation of a twitch response as well as referred pain; symptoms that have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants that have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session; and no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The documentation submitted for review did not show circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. It was also documented that the patient does have radiculopathy; therefore, the patient does not meet the criteria for trigger point injections, and the request is non-certified.

Norflex 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: The California MTUS Guidelines state that the muscle relaxant orphenadrine (Norflex) is similar to diphenhydramine, but has greater anticholinergic effects. Side effects of this medication include drowsiness, urinary retention, and dry mouth. The dosing recommendations are stated as 100mg twice a day. As the patient does have significant symptoms and objective findings consistent with musculoskeletal conditions, this medication is supported by the guidelines. Therefore, the request for Norflex 100mg twice a day, #60 is certified.