

Case Number:	CM13-0018456		
Date Assigned:	11/06/2013	Date of Injury:	08/29/2009
Decision Date:	02/12/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/29/2013

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 Family Practice 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 55-year-old female who reported an injury on 08/29/2009. The mechanism of injury was not provided within the medical records. The patient's diagnoses include cervical spine sprain/strain, recurrent left upper extremity radicular symptoms with significant weakness, status post left shoulder surgery, lumbar spine sprain/strain, status post right knee surgery x3, status post left knee arthroscopic surgery, and right shoulder rotator cuff tear. The patient's symptoms are noted to include left-sided neck pain with radiation into the left arm, which was noted on 09/18/2013 to have improved dramatically following her epidural steroid injection on 08/29/2013. Other symptoms include low back pain with radiation to the left leg and bilateral knee pain, right greater than the left. Her physical exam findings include left greater than right cervical paraspinous tenderness with 2 palpable muscle bands over the left trapezius and a positive twitch response, weakness in the left upper extremity, decreased reflexes in the brachioradialis and biceps on the left, and decreased sensation in the left C6 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection in regards to the neck is not: 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 California MTUS Guidelines state that trigger point injections may be recommended for the treatment of chronic neck pain with myofascial pain syndrome when all of the following criteria are met: documentation of circumscribed trigger points with evidence of a twitch response, as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy such as ongoing stretching, physical therapy, NSAIDs, muscle relaxants have failed to control pain; and radiculopathy is not present on physical examination, imaging, or neurological testing. The patient was noted to have persistent symptoms of neck pain and failure of conservative treatment. She was also noted to have a positive twitch response at her 09/18/2013 visit. However, there was no documentation of referred pain with palpation. Additionally, the patient does have positive neurological findings consistent with radiculopathy into her left upper extremity. Moreover, she reported dramatic improvement following her recent cervical epidural steroid injections, strongly suggesting the presence of radiculopathy. As the guidelines state that trigger point injections are not recommended when radiculopathy is present, the request is not supported. Therefore, the request is non-certified.

Celebrex 100mg b.i.d. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended in the treatment of acute exacerbations of chronic back pain as a second-line treatment after acetaminophen. NSAIDs are also noted to be recommended as an option for the short-term symptomatic relief of low back pain. It further states that there is inconsistent evidence for the use of these meds to treat long-term neuropathic pain. The clinical information submitted for review states that the patient takes Celebrex for treatment of pain symptoms and to reduce any need for additional pain medication. It was noted that the Celebrex was originally prescribed to decrease the need for opioid medication, and she is noted to be utilizing minimal narcotic medication at this time. It further states that the patient does have a previous history of gastritis and dyspepsia with the use of ibuprofen and naproxen. Celebrex is noted to have a lower incidence of GI side effects than these medications. The patient continued to have these symptoms on Celebrex, and is noted to be using omeprazole to treat the GI side effects. However, there was no documentation submitted stating the patient had failed a trial of acetaminophen prior to the use of an NSAID medication. The guidelines state that NSAIDs should be used in the treatment of acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. Furthermore, acetaminophen is noted to have fewer side effects than NSAIDs. In the absence of documentation of a trial with acetaminophen, NSAID medications are not supported. Therefore, the request is non-certified.

Omeprazole 20mg b.i.d. #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state that the use of a proton pump inhibitor may be recommended for patients taking NSAID medications who have been shown to be at risk for gastrointestinal events or cardiovascular disease. The patient was noted to have been taking Celebrex and had a history of gastritis; however, the patient's Celebrex was non-certified, pending a trial of acetaminophen. As acetaminophen has been noted to have fewer gastrointestinal side effects, the use of a proton pump inhibitor may not be necessary. Therefore, the request is not supported at this time. As such, the request is non-certified.

Dendracin lotion: 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 Salicylate topicals, Topical Analgesics Page(s): 105, 111-113.

Decision rationale: Dendracin lotion is noted to include methyl salicylate, capsaicin, and menthol. The California MTUS Guidelines state that topical analgesics are largely experimental in use, with little evidence to determine efficacy or safety. The California MTUS Guidelines state that topical salicylates are recommended, as they have been shown to be more effective than placebo. However, topical capsaicin is noted to be recommended only as an option in patients who have not responded or are otherwise intolerant to other treatments. The clinical information submitted for review states that the patient is using Dendracin lotion to treat her neuropathic pain in her right upper extremity. It states that she does have symptoms of gastritis and dyspepsia with multiple medication usage. However, it was also indicated that the patient's GI symptoms are primarily related to her NSAID medication, and those symptoms were being controlled with omeprazole. There was no other documentation of intolerance to oral medications. Therefore, the use of a topical analgesic containing capsaicin would not be supported. Additionally, the guidelines state that topical analgesics in general are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient was noted to be currently taking gabapentin 600 mg at bedtime. There was no documentation of failure of antidepressant medications. Moreover, there is no documentation stating that the patient's neuropathic pain in the right arm was not controlled by gabapentin alone. Therefore, the concurrent use of the topical analgesic for neuropathic pain has not been shown to be medically necessary. For these reasons, the requested medication is non-certified.

Imitrex 20mg per spray #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDF), 2012, and www.drugs.com .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The Official Disability Guidelines state that triptans are recommended for migraine sufferers. It further states that all oral triptans, including Imitrex, are effective and well-tolerated. The clinical information submitted for review states that the patient has complained of neck pain and headaches related to her industrial injury. However, she does not have a diagnosis or objective findings consistent with a history of migraines. Therefore, the requested medication is not supported.