

Case Number:	CM13-0028377		
Date Assigned:	11/27/2013	Date of Injury:	02/24/2009
Decision Date:	02/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation 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 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.

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 48-year-old male who reported an injury on 02/24/2009. The patient is diagnosed with cervical spine degenerative disc disease and cervical spine myofascial pain. The patient was seen by [REDACTED] on 09/13/2013. The patient reported continuous excruciating pain in the neck and shoulder blade area. Physical examination revealed exquisitely tender myofascial trigger points noted in the cervical paraspinals as well as the parascapular muscles and trapezius on the right, twitch response, as well as radiation into the upper extremities, neck, and into the scapula, and no new changes from strength and sensation. Treatment recommendations included an ultrasound guided cervical myofascial trigger point injection and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasonic needle for guidance, 6 count: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state trigger point injections are recommended only for myofascial pain syndrome. They are not recommended for radicular pain. There should be documentation of

circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms should have persisted for more than 3 months without improvement with medical management therapy. Guidelines do not allow for more than 3 to 4 injections per sessions. According to the clinical notes submitted, the patient's physical examination does reveal myofascial trigger points as well as a twitch response causing radiation into the upper extremities, neck, and scapula. However, there is no evidence of a failure to respond to medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants. Furthermore, guidelines do not recommend more than 3 to 4 injections per session. Therefore, the current request for ultrasound guided trigger point injections times 6 cannot be determined as medically appropriate. Additionally, there is no documentation of an adverse reaction with previous trigger point injections that may warrant the need for ultrasound guided technology. The request for ultrasonic needle for guidance, 6 count, is not medically necessary or appropriate

Single tendon sheath, or ligament, aponeurosis, 6 count: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state trigger point injections are recommended only for myofascial pain syndrome. They are not recommended for radicular pain. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms should have persisted for more than 3 months without improvement with medical management therapy. Guidelines do not allow for more than 3 to 4 injections per sessions. As per the clinical notes submitted, the patient's physical examination does reveal myofascial trigger points as well as a twitch response causing radiation into the upper extremities, neck, and scapula. However, there is no evidence of a failure to respond to medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants. Furthermore, guidelines do not recommend more than 3 to 4 injections per session. Therefore, the current request for ultrasound guided trigger point injections times 6 cannot be determined as medically appropriate. Additionally, there is no documentation of an adverse reaction with previous trigger point injections that may warrant the need for ultrasound guided technology. The request for single tendon sheath, or ligament, aponeurosis, 6 count, is not medically necessary or appropriate.

Effexor 37.5mg, 30 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-46.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report significant and excruciating pain in the neck and shoulder blade area. There is no evidence of a change in the use of other analgesic medication, decreased pain level, improved sleep quality and duration, or psychological assessment. Therefore, ongoing use cannot be determined as medically appropriate. The request for Effexor 37.5mg, 30 count, is not medically necessary or appropriate

Morphine Sulfate 15mg, 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): 74-82.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report significant and excruciating pain in the neck and shoulder blade area. There is no significant change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the request cannot be determined as medically appropriate. The request for Morphine Sulfate 15mg, 60 count, is not medically necessary or appropriate