

<b>Case Number:</b>	CM13-0035099		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Family Practice, 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:

The patient is a 49-year-old female who reported an injury on 10/29/2009 after an assault from a prisoner while performing normal job duties as a parole supervisor. The patient's treatment history included physical therapy, massage therapy, chiropractic care, acupuncture, medications, Final Determination Letter for IMR Case Number CM13-0035099 and trigger point injections. The patient's most recent clinical evaluation documented that the patient had bilateral tenderness in the cervical and trapezius musculature with palpable trigger points. The patient had restricted cervical spinal range of motion secondary to pain. It was noted that the patient underwent trigger point injections in 07/2013 that provided at least 50% pain relief. The patient's diagnoses included neck pain, cervicgia, right carpal tunnel syndrome, spasms of muscles, long term use of medications, and encounter for therapeutic drug monitoring. The patient's treatment plan included trigger point injections and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(RETROSPECTIVE) PROMOLAXIN 100 MG (DOS:08/30/13): 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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, INITIATING THERAPY Page(s): 77.

**Decision rationale:** The request for (retrospective) Promolaxin 100 mg (DOS: 08/30/13) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that prophylactic treatment for constipation be initiated when patients begin using opioid therapy. The clinical documentation submitted for review does indicate that the patient has been opioid therapy for an extended period of time. However, there is no adequate assessment of the patient's gastrointestinal system to support that the patient has continued complaints and unmanaged side effects that require medication management. Therefore, continued use of a stool softener is not clearly indicated. As such, the requested (retrospective) Promolaxin 100 MG (DOS: 08/30/13) is not medically necessary or appropriate.

**(RETROSPECTIVE) PRILOSEC 20MG (DOS: 08/30/13):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, PAGES 68-69 AND OFFICIAL DISABILITY GUIDELINES: PROTON PUMP INHIBITORS (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS GL SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** The requested (retrospective) Prilosec 20MG (DOS: 08/30/13) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support the need for a gastrointestinal protectant. As such, continued use of Prilosec would not be supported. As such, the requested (retrospective) Prilosec 20MG (DOS: 08/30/13) is not medically necessary or appropriate.

**(RETROSPECTIVE) TRIGGER POINT INJECTIONS (DOS: 08/30/13):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 118.

**Decision rationale:** The requested (retrospective) trigger point injections (DOS: 08/30/13) are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat injections be based on documentation of functional benefit and at least 50% pain relief from the prior injection for at least 6 weeks. The clinical documentation submitted for

review does indicate that the patient underwent trigger point injections at the 07/05/2013 appointment. It was documented that this provided the patient with 50% pain relief. However, there is no documentation that the patient received any functional benefit as a result of the prior injections. As such, the need for additional trigger point injections is not clearly indicated. As such, the requested (retrospective) trigger point injections (DOS: 08/30/13) are not medically necessary or appropriate.