

<b>Case Number:</b>	CM13-0038695		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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. 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 51 year old male injured worker with date of injury 4/5/10 resulting from cumulative trauma. He was diagnosed with chronic pain syndrome, spinal enthesopathy, lumbosacral spondylosis, myalgia and myositis, medial meniscus tear, thoracic sprain, and lumbar sprain. On examination, the patient had myofascial trigger points and tenderness at C2 through C7, and the upper trapezius and levator scapula and rhomboid. Inspection of the cervical spine was within normal limits, with no erythema, swelling, or deformity. Cervical spine range of motion (ROM) was restricted at 40% due to pain in extension and flexion and side-bending and rotation. Strength of the upper extremities was normal. The injured worker had a left knee arthroscopy and partial medial meniscectomy on 6/25/12. An MRI of the right shoulder, dated 3/29/13, revealed supraspinatus tendinosis, bicipital tendinosis, acromioclavicular (AC) capsular inflammation and small effusion. An MRI of the left shoulder, dated 3/29/13, revealed a small subcorticoid effusion, bicipital tendinosis and AC capsular inflammation. The injured worker is refractory to physical therapy and medications. The date of UR decision was 9/13/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 AND 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" Review of the available medical records reveal that the injured worker has failed treatment with NSAIDs (ibuprofen, naproxen, celebrex), as well as muscle relaxants (soma, flexeril). The injured worker has reviewed, agreed to and signed a pain contract and will undergo UDS according to MTUS guidelines once Vicoden is authorized. It is also noted that the patient's hypertension is aggravated due to a persistently elevated pain level due to denial of all treatment. Though the request may be medically indicated, as it does not contain dosage information it cannot be affirmed.

**Trigger point injection:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: With regard to trigger point injections, the MTUS states that repeat injections cannot be recommended unless there are findings of a greater than 50% decrease in pain for at least six weeks after injection with documented evidence of functional improvement. The documentation submitted for review does not show this, as the injured worker received trigger point injection on 11/11/13 with no documentation of the result. The request is not medically necessary.

**Physical therapy (12 sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Per MTUS, physical medicine guidelines state to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For unspecified myalgia and myositis the guidelines recommend 9-10 visits over 8 weeks. The records submitted for review state that the patient has had at least 12 visits of physical therapy with no improvement. It is indicated in the documentation that the prior physical therapy was for the lumbar spine and that the request is for the cervical spine. As the request is for more sessions than the recommended amount, the request is not medically necessary

