MAXIMUS Federal Services

Case Number:	CM13-0045672		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2012
Decision Date:	09/09/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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:

California (MTUS) Chronic Pain Medical Guidelines recommends trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain (or neck pain) for fibromyalgia syndrome, trigger point injections have not been proven effective. The guidelines also states trigger point injections may be used with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3)Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not

recommended. The guidelines only recommend the use of trigger pint injections for myofascial pain syndrome and not radiculopathy. The provider indicated the injured worker stated she has had epidural injections in the past; however, the long-term outcome measurements or functional improvement goals were not provided. Given the above, the request for retrospective trigger point injection to the upper trapezius muscles bilaterally consisting of 2cc Celestone 10mg/5ml and 6cc lidocaine 10mg/30ml is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10 MG, #45: 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 Benzodiazepines,Weaning of Medications Page(s): 24,123.

Decision rationale: California Chronic Pain Medical Treatment Guidelines have been referenced. Currently benzodiazepines have not been recommended for long term use as long term efficacy is unproven. There is risk of dependence and most Guidelines limit use to four weeks. Documentation suggests that the claimant has been on Valium (which is a benzodiazepine) for quite some time and the continued regular use of Valium would not be considered medically necessary in the orthopedic and musculoskeletal treatment regimens. Subsequently, the request cannot be considered medically necessary based on documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines.

BIOFREEZE GEL 1 TUBE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the second request for one tube of Biofreeze gel, California Chronic Pain Medical Treatment Guidelines have been referenced. Topical analgesics are recommended if traditional first line conservative treatment options have failed to provide any significant short and long term progress. Topical analgesics are largely experimental due to the fact that there are few randomized controlled trials to determine their efficacy or safety. Typically topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the documentation presented for review, there is a lack of documentation supporting that the claimant is suffering from neuropathic pain generators. There is a lack of documentation that the claimant has attempted, failed, or exhausted traditional first line conservative treatment options to include activity

modifications, rest, ice, formal physical therapy, home exercise program, muscle relaxants, Tylenol, or consideration of injection therapy. There is a lack of documentation that previous use of topical analgesics provided any reduction in symptom relief, reduction in abnormal physical exam objective findings, or increase in overall functional or vocational progress or improvement. Furthermore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for Biofreeze gel times one tube cannot be considered medically necessary.

IN-HOME MOBILITY ASSESSMENT FOR LIMITED ACTIVITIES OF DAILY LIVING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127Introduction.

Decision rationale: In regards to the third request for in home ability assessment for limited activities of daily living, California MTUS, ACOEM Guidelines as well as California Chronic Pain Medical Treatment Guidelines have been referenced. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis for up to no more than 35 hours per week. Currently, there is a lack of documentation suggesting that the claimant is currently completely homebound or lacks the ability to perform activities of daily living. Furthermore, based on the documentation presented for review and in accordance with California MTUS, ACOEM Guidelines and Chronic Pain Medical Treatment Guidelines, the request for the in home ability assessment for limited activities of daily living cannot be considered medically necessary.