

Case Number:	CM13-0052416		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2009
Decision Date:	03/31/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/15/2013

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, has a subspecialty in Pain Management 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 injured worker is a 43-year-old female with cumulative trauma and her dates of injury are from March 2005 through March 2009. The injured worker's diagnoses include cervical spine pain, bilateral shoulder strain, right elbow strain, bilateral wrist sprain, depression, insomnia, stress, and anxiety. The disputed issues include a request for trigger point injection on July 22, 2013, Prilosec, Neurontin, Norco, amitriptyline, and Vitalee. The request for the medications are for dates of service July 22, 2013 and November 7, 2013. A utilization review determination had denied these requests citing that the submitted documentation did not document the efficacy of these medications. A primary treating physician's reevaluation report on date of service July 22, 2013 is available for review and documents that the patient experiences pain in the lumbar spine, bilateral shoulders, bilateral arms, right elbow, bilateral wrists, and bilateral hands. Objectively there is "no substantial change in the patient's condition since the last evaluation." There is also documentation that the patient is suffering from increased cervical spine pain during performance of activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger Point Injection for the right shoulder: 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 Page(s): 122-123..

Decision rationale: The progress note from date of service July 22, 2013 does not contain a full palpatory examination. In fact under the "objective" section of this progress note there does not appear to be a physical examination. The guidelines specify that there should be documentation of palpable trigger points with twitch response in order for trigger point injections to be warranted. This request is recommended for noncertification.

1 Prescription for Prilosec 20 mg #30: 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 Page(s): 68-69.

Decision rationale: The injured worker in this case does not have any of the gastrointestinal risk factors as specified by the Chronic Pain Medical Treatment Medical Guidelines. She is 43 years old, less than the 65-year-old cut off specified by guidelines as a risk factor for gastrointestinal events. There is no documentation of peptic ulcer disease or any gastrointestinal disease. This request is recommended for noncertification.

1 Prescription for Neurontin 300mg, #60: 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 Page(s): 18-19..

Decision rationale: In the case of this injured worker, there is inadequate documentation of neuropathic pain. A progress report on date of service July 2, 2013 documents a thorough musculoskeletal examination with multiple abnormalities in the cervical spine, lumbar spine, and extremities, but there is no abnormality in sensory examination. The report states that there is a "normal sensory pattern noted over the ulnar, radial, and median nerve dermatomes bilaterally." In the diagnosis section, there is no documentation of neuropathic pain. Given the lack of documentation of neuropathic pain, the request for gabapentin is recommended for noncertification.

1 Prescription for Norco 2.5mg, #180: 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 Page(s): 76-80.

Decision rationale: In the case of this injured worker, there is inadequate documentation of any opioid screening, which is specified in the Chronic Pain Medical Treatment Medical Guidelines when initiating opioid therapy. A review of progress notes in July 2013 and June 2013 failed to demonstrate any documentation of functional benefit. There is a progress note from June 12, 2013 in which there is a general statement that "use of medications provide some relief and benefit." Another note by a dentists on date of service may 24 2013 is for an evaluation of temporomandibular joint pain, and again this note does not describe any functional benefit of opioid medication. Given the lack of documentation, the Norco is recommended for noncertification.

1 Prescription for Amitriptyline 25mg, #30: 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 Page(s): 13.

Decision rationale: In the case of this injured worker, there is inadequate documentation of neuropathic pain. A progress report on date of service July 2, 2013 documents a thorough musculoskeletal examination with multiple abnormalities in the cervical spine, lumbar spine, and extremities, but there is no abnormality in sensory examination. The report states that there is a "normal sensory pattern noted over the ulnar, radial, and median nerve dermatomes bilaterally." In the diagnosis section, there is no documentation of neuropathic pain. Given the lack of documentation of neuropathic pain, the request for amitriptyline is recommended for noncertification. Additionally, there is a possibility amitriptyline is being utilized for the treatment of depression which is noted in the diagnoses section of several progress notes. If this is indeed the case, there should be a more quantified assessment of this patient's depressive state and specification in the treatment section that amitriptyline is indeed utilized for this purpose and is benefiting the patient.

1 Prescription for Vitalee #30: 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.

Decision rationale: The California Medical Treatment and Utilization Schedule and Official Disability Guidelines do not specifically address this request. Section Â§9792.21(c) of the California Medical Treatment Utilization Schedule states that:"Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other

scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." Vitalee is an herbal supplement with no evidence-based studies to support its use and it is not recommended by any national guidelines. After reviewing all the submitted documentation, there is no documentation of the rationale or medical necessity for this supplement. This request is recommended for noncertification.