

Case Number:	CM13-0053819		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2007
Decision Date:	03/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Texas. 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 46 year old female who reported a work related injury on 08/01/2007. Her diagnoses include right shoulder subacromial bursitis, tendonitis and impingement with trapezial and periscapular myofascial strain, left shoulder impingement, tendonitis and trapezial and periscapular myofascial strain, bilateral elbow lateral medial epicondylitis, bilateral wrist overuse flexor and extensor tendonitis and status post right wrist carpal tunnel release on 12/19/2007. The patient has complaints of ongoing shoulder pain. The patient reported she had received trigger point injections in the past and reported painful trigger points in her right shoulder. Request has been made for a right shoulder ultrasound guided trigger point injection and Dendracin topical lotion 120 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder ultrasound guided trigger point injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Trigger point injections (TPIs)

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

Decision rationale: California Medical Treatment Guidelines for chronic pain state criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Objective findings per patient's physical exam dated 10/16/2013 revealed tender trigger points to right shoulder and to the levator/trapezial muscles. There was no evidence given of the patient's twitch response and no evidence given that the patient did not have radicular symptoms per physical exam. There is no documentation submitted stating physical therapy, exercises, NSAIDS and muscle relaxants have failed to control the patient's pain. There was also no documentation of the patient's response to her prior trigger point injections. Given the above, the decision for right shoulder ultrasound guided trigger point injection is non-certified.

Dendracin top lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/>

Decision rationale: Per www.drugs.com, Dendracin lotion is a compounded cream containing methyl Salicylate/Benzocaine/Menthol. California Medical Treatment Guidelines for chronic pain state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence given the patient had failed trials of antidepressants or anticonvulsants for her neuropathic pain. Guidelines further state that many agents are compounded as mono therapy or in combination for pain control and there is little to no research to support the use of many of these agents. Therefore, the decision for Dendracin topical lotion 120 ml is non-certified.