

Case Number:	CM13-0057390		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2005
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 53 year old female injured worker with date of injury 7/25/05. She has a history of bilateral shoulder impingement arthroscopy (2010 and 2011), adhesive capsulitis bilaterally, shoulder pain bilaterally, chronic pain, insomnia secondary to chronic pain, myofascial pain syndrome, neuropathic pain, and prescription narcotic dependence. MRI of the cervical spine dated 3/13/13 revealed degenerative changes at C3-C4, C4-C5, and C5-C6; mild bilateral neural foraminal narrowing at C3-C4; mild spinal canal stenosis and mild bilateral neural foraminal narrowing at C4-C5; moderate bilateral foraminal narrowing at C5-C6. MR arthrogram of the left shoulder dated 3/15/13 revealed a superior labral tear in the left shoulder; calcific tendinitis of the left supraspinatus tendon; status post subacromial decompression with an acromioplasty and a resection of the distal end of the left clavicle, thickening of the left coracoacromial ligament; trace amount of native fluid in the subacromial-subdeltoid bursa, which may represent bursitis. She is refractory to physical therapy and medications. The date of UR decision was 11/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOFLEX OINTMENT: 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): 111-112.

Decision rationale: With regard to Ketoprofen, the active ingredient in Ketoflex, the MTUS CPMTG states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)". She also does not have documentation of arthritis in her shoulders. The request is not medically necessary.

TRIGGER POINT INJECTION FOR THE LEFT TERES MINOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections. .

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

Decision rationale: With regard to trigger point injections, the California MTUS states: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: Trigger point injections 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. (Colorado, 2002) (BlueCross BlueShield, 2004)" Upon review of the submitted records, it appears that 4 trigger point injections between 4/11/13 and 6/21/13 were certified. The records do not include evidence of greater than 50% pain relief or any record of how long relief lasted. Per 12/31/13 QME, it is noted that on 4/11/13 the injured worker continued to have "bilateral shoulder pain left greater than right without positive response to trigger point injections." Criteria 6 listed above cannot be met. The request is not medically necessary.