

<b>Case Number:</b>	CM13-0068548		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic myofascial pain, and shoulder pain reportedly associated with cumulative trauma at work, first claimed on January 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; trigger point injection therapy; proton pump inhibitors; and reported return to regular work. In a utilization review report of December 17, 2013, the claims administrator approved a request for Naprosyn, denied a request for trigger point injection therapy, and denied a request for Prilosec. The rationale for the Prilosec component of the decision was extremely difficult to follow. The claims administrator's overall report was 8 pages long. The applicant's attorney appealed the denial. In a December 19, 2013, letter, the attending provider writes that the applicant had failed physical therapy, and a hand surgery consultation before trigger point injection therapy was sought. The applicant had tenderness about the lateral epicondyles and had no evidence of radiculopathy. It is stated that the applicant has had previous trigger point injections and has been working regular duty. It is stated that the applicant has ongoing gastritis-type symptoms and has been using Prilosec for the same. The applicant's review of systems was positive for reflux, numbness, tingling, paresthesias, depression, and psychological stress. A handwritten clinical progress note of December 11, 2013 is notable for comments that the applicant is on Naprosyn, Prilosec, Neurontin, and a TENS unit. The applicant is working regular duty, it is acknowledged. Four trigger point injections were given about the bilateral lateral epicondyles using 5 cc of 1% lidocaine. Operating diagnoses were myofascial pain syndrome, repetitive stress injury, and lateral epicondylitis. The applicant reportedly had heightened pain about the elbows. It was reiterated that the applicant was working regular duty. MRI imaging was sought. On September

11, 2013, it was stated that the applicant had responded favorably to prior trigger point injections and again was described as having returned to regular work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **FOUR (4) TRIGGER POINT INJECTIONS TO THE BILATERAL ELBOWS:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** As noted on page 156 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are indicated only for myofascial pain syndrome in individuals who have had persistent symptoms for greater than three months, and who have tried and failed lesser levels of care, including stretching exercise, physical therapy, NSAIDs, and/or muscle relaxants. Up to three to four injections per session are recommended. Repeat injections are not recommended without evidence of functional improvement. The MTUS guidelines do not recommend repeating the injections at an interval less than two months. In this case, these criteria do appear to be met. The employee earlier underwent trigger point injection therapy in September 2013, some three months prior to the subsequent injections performed on December 11, 2013. The employee had demonstrated functional improvement as evidenced by a successful return to regular work. Therefore, the proposed trigger point injections performed on December 11, 2013, are retrospectively certified, on independent medical review.

#### **ONE HUNDRED (100) OMEPRAZOLE 20 MG, pg. 122:** Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the employee is in fact suffering from ongoing issues with dyspepsia, reflux, and/or heartburn. Ongoing usage of omeprazole to combat the same is indicated and appropriate. Therefore, the request is certified, on independent medical review.