

Case Number:	CM13-0068869		
Date Assigned:	01/03/2014	Date of Injury:	10/27/2000
Decision Date:	04/23/2014	UR Denial Date:	11/24/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine & Rehabilitation, 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 69-year-old female who reported an injury on 10/27/2000. The patient was seen most recently on 12/19/2013, for a followup of her right shoulder. The document indicates that the patient had not been seen by this physician since 06/28/2013. The patient stated she has had increased pain since October, and was known to have a history of fairly typical bursitis and impingement symptoms including pain with forward elevation, internal rotation, and reaching behind the back. On the physical examination, the patient had tenderness along the anterior aspect of the acromion and laterally. She also had positive impingement sign to internal rotation, with liftoff positive, and some mild tenderness over the AC joint. The patient had a little weakness with abduction, forward flexion, and scaption. She had a positive O'Brien's test with signs of labral pathology, but was negative for instability with no laxity and negative apprehension and relocation tests. The patient had no muscle atrophy or bicipital tendinitis, and biceps and triceps strengths were normal. Lastly, the patient's neurovascular status was normal, with full range of motion of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines, May 2009.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, no repeat injections are recommended unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. According to the documentation dated 03/19, 07/02 and 11/13, all of 2013, they provide no objective findings indicating the previous trigger point injections were effective in reducing the patient's pain and increasing her functional improvement. Prior to the injections performed on 11/13/2013, the patient had undergone trigger point injections on 07/2/2013. Because there were no objective findings pertaining to any of these injections, the patient does not meet Guideline criteria for repeat trigger point injections. As such, the requested service is not medically necessary and appropriate.

1 PRESCRIPTION OF FLEXERIL 10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines, May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Flexeril is recommended as an option for a short course of treatment for the back and is not recommended to be used for longer than 2 to 3 weeks. In the case of this patient, the documentation indicates she has been utilizing Flexeril since at least 03/2013. The following clinical documentation did not indicate this medication has been effective in reducing the patient's discomfort, to include reducing muscle spasms and improving her functional ability. Therefore, due to the non-recommendation for long-term use of the Flexeril, and without having objective findings of noted improvement from the use of the medication, the requested service cannot be supported at this time.

LIDODERM 5% PATCH #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines, May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Lidoderm is recommended for localized peripheral pain after evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as Gabapentin or Lyrica). After a review of the documentation, there is no indication that the patient has a history of postural neuralgia or evidence of a failed trial of antidepressants, of antiepileptic drugs, (AED). As such, the request

does not meet Guideline criteria for the use of Lidoderm patches and the request is not medically necessary and appropriate.

1 PRESCRIPTION FOR VICODIN ES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: According to the MTUS Chronic Pain Guidelines, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MTUS Chronic Pain Guidelines do not support the long-term use of opioid medications without documentation of functional improvement, (for example, improvement in activities of daily living, improvement in exam findings, ability to return to work, or working with fewer restrictions). After reviewing the documentation submitted for review, the patient has been taking Vicodin since approximately 03/2013, with no documented evidence of functional improvement. There was no change in the patient's pain level of a 6/10 from 07/02/2013 through 11/13/2013. The current request does not provide a dosage or intake guideline. However, previous records indicate the patient was taking Vicodin ES 4 times a day as needed. Without having a thorough rationale for the continued use of this medication, as well as completed prescription, the requested service cannot be supported at this time.