

Case Number:	CM13-0070849		
Date Assigned:	01/08/2014	Date of Injury:	05/20/1999
Decision Date:	04/21/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 Family Practice, has a subspecialty in Preventative 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 63 year old female claimant sustained a work injury on 5/20/99 resulting in chronic neck, trapezial and shoulder pain. She had a diagnosis of right shoulder impingement as well as an unstable shoulder with intermittent dislocation. She performed thoracic extension and scapular retraction exercises. Prior review notes from 12/2/13 indicate the claimant has nerve pains in the trapezial region which respond to Lyrica. Objective findings include a positive Hawkin's sign. A request was made for 4 sites of trigger point injections over 3 visits as well as Celebrex 200 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections (Trapezius Muscles 4 sites) x 3 occasions, (prospective) DOS 12/2/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines trigger point injections Page(s): 122-123.

Decision rationale: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an

anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004)

Celebrex 200mg Qty 60.00,(prospective) DOS 12/2/13: 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 Treatment Guidelines NSAIDs Page(s): 68-72.

Decision rationale: According to the MTUS guidelines: Selective COX-2 NSAIDs: Celecoxib (Celebrex®) is the only available COX-2 in the United States. No generic is available. Mechanism of Action: Inhibits prostaglandin synthesis by decreasing cyclooxygenase-2 (COX-2). For those at risk of GI events: Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). In this case, there is no indication of GI risks that would require a COX inhibitor. As such, Celebrex is not medically necessary.