

Case Number:	CM14-0003837		
Date Assigned:	02/03/2014	Date of Injury:	08/20/2004
Decision Date:	07/25/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 45-year-old female who has submitted a claim for myositis, headaches, neck pain, and arm pain; associated with an industrial injury date of 08/20/2004. Medical records from 02/08/2013 to 01/10/2014 were reviewed and showed that patient complained of upper back pain, low back pain, and 'flare' and 'spasm' of the trapezius. Patient has had previous trigger point injections with >50% improvement, reduced intake of medications, and increased activities of daily living (ADLs). Physical examination showed tenderness over the paravertebral muscles of the cervical and lumbar spines. Also noted were 2-3+ myospasm in the trapezius, more on the left than on the right. Ranges of motion of the cervical and lumbar spines are decreased. Treatment to date has included ibuprofen, Voltaren gel, and trigger point injections. Utilization review, dated 12/10/2013, denied the request for trigger point injections because the frequency of injections were less than 2 months; modified the request for ibuprofen to #120 because the patient obtained benefit without significant adverse effects; and denied the request for Voltaren Gel, the reason for which was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 TRIGGER POINT INJECTIONS: Upheld

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

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

Decision rationale: Guidelines state that trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. Medical records submitted for review state that TPIs provided >50% pain relief, reduced intake of medication, and allowed the patient to perform ADLs. However, TPIs are recommended for myofascial pain syndrome, which the patient is not diagnosed to have. Furthermore, there was no documentation of trigger points in the physical examination, no discussion regarding failure of previous trials of first-line medication, and the interval between past 2 TPIs was less than two months. Lastly, the present request as submitted failed to specify the targeted injection sites. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF VOLTAREN GEL 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Voltaren Gel 1% is used for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The efficacy in clinical trials for topical nonsteroidal anti-inflammatory drugs (NSAIDs) has been inconsistent and most studies are small and of short duration. Meta-analysis shows that topical NSAIDs are superior to placebo during the first 2 weeks of treatment, but effects diminish thereafter. Guidelines do not support its use for treatment of the spine; and also do not support its long-term use. Furthermore, the medical records submitted do not show evidence of intolerance to oral NSAIDs. Lastly, the present request as submitted failed to specify the quantity of Voltaren Gel 1% to be dispensed. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF IBUPROFEN 600MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

Decision rationale: Guidelines state that Ibuprofen can be taken for mild to moderate pain. Doses greater than 2400mg per day have not provided greater relief of pain than 2400mg. In this case, medical records submitted show that the patient has been prescribed Ibuprofen since at least February 2013. Notes consistently state that taking Ibuprofen as needed has helped the patient. The 12/6/13 medical report stated that 60mg 4 times a day as needed is helping, and that she is working 32 hours/week without restriction. Unfortunately, the present request as submitted failed to specify the number to be dispensed. Therefore, the request is not medically necessary.