

Case Number:	CM14-0019426		
Date Assigned:	04/30/2014	Date of Injury:	09/01/2005
Decision Date:	07/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 60-year-old female who was injured on 09/01/2005. Mechanism of injury is unknown. Prior treatment history has included a failed TENS unit and six sessions of acupuncture, which she found quite helpful. Her medication regimen on 12/27/2013 is as follows: 1. Vicodin 5/500; 2. Ibuprofen 600 mg; 3. Flexeril; 4. Lidoderm patches. Diagnostic studies reviewed include urine drug screen dated 05/29/2013 with expected results and consistent with patients' prescribed medications. Urine drug screen dated 10/02/2013, results consistent with the patient's current prescribed medication. There was a metabolic panel with glucose performed on 09/30/2013. PR-2 dated 08/08/2013 (prior to last T.P.I.) documents the patient's medication regimen as follows: 1. Vicodin 5/500 mg one to three per day; 2. Ibuprofen 600 mg qid; 3. Flexeril only if needed for severe muscle spasms; 4. Prozac 40 mg daily; 5. Lidoderm 5% patches. The patient rates her pain 5/10 with current medication. Without medication she rates her pain a 9-10/10. PR-2 dated 10/02/2013 (only one found after T.P.I.) shows the patient's medication regimen as follows: 1. Vicodin 5/500 mg one to three per day; 2. Ibuprofen 600 mg Four Times A Day; 3. Flexeril only if needed for severe muscle spasms; 4. Prozac 40 mg daily; 5. Lidoderm 5% patches. She rates her pain 5/10 with current medication. Without medication she rates her pain a 9-10/10. PR-2 dated 12/27/2013 documents the patient with complaints of muscle spasms, tightness and throbbing pain over the right shoulder region. She has discontinued Prozac without any change in symptoms. She complains of increased right-sided neck pain, which extends into the shoulder and surrounding musculature particularly the trapezius, levator scapulae and rhomboid. She has severe muscle spasms and tightness and throbbing pain. She does note pain that affects her right upper extremity. The patient has had trigger point injections with dramatic relief lasting for several months. She reports history of trigger point injections providing her greater than 50% relief. The patient has previously undergone two right shoulder surgeries and has developed symptoms of complex regional pain

syndrome in the right shoulder and right upper extremity. The patient has undergone opioid detoxification at the [REDACTED]. The patient currently rates her pain 7/10 with current medication. Without medication, she rates her pain a 9-10/10. Objective findings on examination of the cervical spine reveal tenderness over the right paracervical musculature extending to the trapezius, right levator scapula and right rhomboid. She has noted circumscribed trigger bands which is tender to palpation over the right trapezius, levator scapulae and rhomboid. Each of these trigger points provides positive twitch response. Examination of the right shoulder reveals tenderness to palpation over the suprascapular region, also over the anterolateral aspect of the right shoulder with mild allodynia. The right upper extremity reveals hypesthesia over the ulnar aspect of the forearm down to the fourth and fifth digits. Diagnoses: 1. Rotator cuff/impingement syndrome right shoulder; 2. Cervical spondylosis with radiculopathy; 3. Myofascial pain with identified trigger point on exam; 4. Adhesive capsulitis of the shoulder. Complex regional pain syndrome, right shoulder. Treatment Plan: Trigger point injection x4 based on today's exam. The patient has done well with previous trigger point injection. She last received trigger point injections in August of 2013 with greater than 50% relief lasting for several months. She is again symptomatic. Repeat laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROUTINE ANNUAL LAB STUDIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects states "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended" The records indicate the patient had blood and laboratory testing on 09/30/2013, there is no indication that the patient has any adverse symptoms at this time and as such the request for annual lab studies is not medically necessary and appropriate.

TRIGGER POINT INJECTION X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TRIGGER POINT INJECTIONS Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The MTUS Chronic Pain Guidelines states "These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination." The patient is documented as having a twitch response, has had the symptoms for more than 3 months, has failed other medical management, recommendation is for 4 injections (fits the 3-4 criteria), there is no repeat requested and the injection was performed with a recommended substance. The patient does not however meet the criteria required for use including no radiculopathy being present or documented evidence of functional improvement from prior injections. Although the patient "reports history of trigger point injections providing her greater than 50% relief", there is no documentation to support her pain levels prior to and following the injection or that there was any functional improvement. Therefore, the request for four (4) Trigger Point Injections is not medically necessary and appropriate.