

Case Number:	CM14-0019911		
Date Assigned:	04/28/2014	Date of Injury:	03/03/2011
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/18/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 60-year-old female who reported an injury of unknown mechanism on 03/03/2011. In the clinical note dated 02/04/2014, the injured worker continued to complain of pain in the neck and left shoulder. It was documented that a lumbar epidural steroid injection (LESI)/extension and acupuncture was authorized. The injured worker was documented as not working. The physical examination revealed positive spasms of left trapezius, decrease in range of motion of the left shoulder and cervical spine by 10%, positive left shoulder impingement and a negative Spurling's test. A trigger point injection was annotated as being done with the last set being documented as being done over six (6) weeks with greater than 50% relief. The diagnoses were documented as myofascial pain syndrome, cervical spine strain and left rotator cuff syndrome. The treatment plan included a refill of the injured workers prescribed medications of Naprosyn 550mg one (1) tab twice a day, Omeprazole 20mg one (1) tab, and Flexeril 7.5mg one (1) tab. It also included a request for four (4) trigger point injections to the left trapezius using 5ml of 1% of lidocaine and a urine drug screen. The request for authorization was not submitted.

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 LEFT TRAPEZIUS UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122. Decision based on Non-MTUS Citation [HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/19057634](http://www.ncbi.nlm.nih.gov/pubmed/19057634).

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

Decision rationale: The Chronic Pain Guidelines state that trigger point injections are recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome, when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three (3) months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than three to four (3-4) injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six (6) weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two (2) months; (8) Trigger point injections with any substance, such as saline or glucose other than local anesthetic with or without steroid are not recommended. In the clinical note, it was documented that the injured worker had positive spasms of the left trapezius; however, there was lack of documentation of referred pain. There is also a lack of documentation of failure of conservative therapies and a lack of documentation of pain duration and intensity. Therefore, the request for four (4) trigger point injections to the left trapezius under ultrasound guidance is not medically necessary.

NAPROSYN 550MG #100, WITH REFILL QTY: 100.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, SPECIFIC DRUG LIST AND ADVERSE EFFECTS Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-73.

Decision rationale: The Chronic Pain Guidelines state that Naprosyn is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. The clinical note reviewed lacked documentation of the pain intensity or duration and if other conservative therapies had been tried. The guidelines also recommend the dose for pain: Naprosyn: 250-500 mg by mouth twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. In the clinical it was documented that Naprosyn 550mg was to be taken twice a day. The request exceeds the recommended maximum dose for subsequent days and it is recommended for the shortest period. Therefore, the request for Naprosyn 550 mg #100, with refill is not medically necessary.

OMEPRAZOLE 20MG #100, WITH REFILL QTY: 100.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The Chronic Pain Guidelines state that omeprazole is indicated for : (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The clinical note lacked documentation of the injured worker having any gastrointestinal issues. In addition, the concurrent request for Naprosyn was non-certified. Therefore, the request for omeprazole 20mg #100, with refill is not medically necessary.

FLEXERIL 7.5MG #90, WITH REFILL QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64.

Decision rationale: The Chronic Pain Guidelines state that Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. The greatest effect appears to be in the first four (4) days of treatment. This medication is not recommended to be used for longer than two to three (2-3) weeks. In the clinical note, the dosing interval is not clearly documented and the request also exceeds the recommended time frame for effective therapy. The efficacy of the medication was also not documented. Therefore, the request for Flexeril 7.5mg #90, with refill is not medically necessary.

URINE DRUG SCREEN QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80 AND 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The Chronic Pain Guidelines state that urine drug screens are recommended as an option to assess for the use or presence of illegal drugs. The clinical note lacked documentaton any aberrant drug behaviors or narcotics being used. A urine drug screen was documented on 02/04/2014, the day of the clinical visit, as being negative for any illegal drugs. Therefore, the request for a urine drug screen is not medically necessary.

