

Case Number:	CM14-0151858		
Date Assigned:	09/19/2014	Date of Injury:	12/01/1989
Decision Date:	10/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/17/2014

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 claimant was injured on 12/01/89. A left shoulder trigger point injection under ultrasound guidance, left trapezius injection under ultrasound guidance, and Neurontin are under review. The claimant has a diagnosis of osteoarthritis of the shoulder with displacement of cervical intervertebral disc and neck sprain. She also has rotator cuff syndrome. On 08/18/14, she complained of increased neck pain and stiffness with muscle spasms daily. She had headache symptoms from her neck to the side of her head. She had low back pain and stiffness with limited range of motion and moderate to severe pain that was provoked with bending and standing. She had decreased active range of motion of the cervical spine in all ranges. She had dorsolumbar active range of motion that was severely decreased in all ranges. The gabapentin was increased. Trigger point injections and a left shoulder injection were recommended. She reportedly completed 6 of 6 acupuncture visits prior to a visit dated 05/19/14. It helped her pain and more acupuncture was recommended. An MRI of the lumbar spine dated 08/24/14 revealed multilevel degenerative changes accentuated by a small central canal. The degree of spinal canal stenosis was most significant at L4-5 and to a lesser degree at L5-S1. It was unclear if there may be the previous right-sided laminectomy at L5-S1 and there was bilateral foraminal disease at that level. MRI of the cervical spine revealed multilevel degenerative changes accentuated by reversal the normal cervical lordosis. There were multiple areas of foraminal narrowing. On 06/20/14, she was advised to exercise. She received trigger point injections of the left shoulder and neck. She has multiple diagnoses. She was diagnosed with regional myofascial pain. She also had left greater trochanteric bursitis and a steroid injection was recommended. She underwent trigger point injections on 12/13/13. She has also had epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder trigger point injection under ultrasound guidance (in house): 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): 153.

Decision rationale: The MTUS state "trigger point injections are recommended only for myofascial pain syndrome..., 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. 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) Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be 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 months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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;..." There is no evidence of findings on physical examination demonstrating the presence of trigger points, including "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." Injection therapy is typically recommended to resolve symptoms so that active rehab can continue. There is no documentation of an ongoing exercise program to help maintain any benefit that is received from these injections. The claimant had trigger point injections in the past but her response to them has not been described in the records. The medical necessity of this request for a left shoulder trigger point injection under ultrasound has not been demonstrated.

Left Trap Injection under ultrasound guidance (in house): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder - Steroid injections

Decision rationale: The MTUS do not address this type of injection and the ODG state "Criteria for Steroid injections:- Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder;- Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months;- Pain interferes with functional activities (e.g. pain with elevation is significantly limiting work);- Intended for short-term control of symptoms to resume conservative medical management;- Generally performed without fluoroscopic or ultrasound guidance;- Only one injection should be scheduled to start, rather than a series of three;- A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response;- With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option;- The number of injections should be limited to three." There are no findings on physical examination to support the request for an injection to the left trapezius. It is not clear what benefit is anticipated for the claimant's chronic complaints. There is no evidence of adhesive capsulitis, impingement, or rotator cuff problems and it is not clear why a trapezius injection has been recommended. Injection therapy is typically recommended to resolve symptoms so that active rehab can continue. There is no documentation of an ongoing exercise program to help maintain any benefit that is received from this injection. The medical necessity of this request for a left trapezius injection has not been demonstrated.

Neurontin 600 mg 1 po tid #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Anti-epilepsy drugs, Medications for Chronic Pain Page(s): 83,46,94.

Decision rationale: The MTUS state "gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Also, MTUS states "anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage). (Gilon, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilon, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions." Before prescribing any medication for pain, the following should occur:

(1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) In this case, there is no clear evidence of neuropathic pain. No focal neurologic deficits have been described and the claimant has primarily soft tissue musculoskeletal complaints, including tenderness and spasms. The MRI did not reveal nerve root compression. No EMG/NCV were reported. There is no evidence of diabetic neuropathy or postherpetic neuralgia. There is no evidence of trials of other first line medications for pain including acetaminophen and NSAIDs, which have failed to provide relief. There is also no evidence that the claimant has tried local modalities or has been involved in an ongoing exercise program to help maintain any benefits he gets from treatment modalities. The medical necessity of this request for Gabapentin 600 mg #120 has not been clearly demonstrated.