

<b>Case Number:</b>	CM14-0154763		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/05/2002
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

This is a 53 years old female with complaints of neck pain and headache pain. The date of injury is 11/5/02 and the mechanism of injury is fall injury (slipped and fell on a wet floor) which led to her current symptoms. The request is following: 1. Trigger point injections, 10cc .25% bupivacaine for cervical/trapezius muscle, quantity 4 injections 2. Prilosec 20mg#60 3. Topamax 50mg#60. There is subjective (neck pain, head pain) and objective (painful restricted range of motion cervical, lumbar and hip, diminished motor strength upper extremities bilaterally, decreased sensory C5-6) findings, imaging findings/other ( CT cervical spine shows C4-5,C5-6 disc displacement, EMG shows C4-5 bilateral radiculopathy, lumbar CT shows multi-level spondylosis and degenerative disc disease), diagnoses (chronic cervicgia, cervical dystonia, severe cervicogenic headaches, recurrent acute on chronic exacerbations), and treatment to date (epidural steroids, spinal cord stimulator, medications, therapy). Trigger Point Injections are recommended for myofascial pain however several criteria must be met. One is there needs to be clinically documentation of the absence of radicular pain, specific trigger points needed to be delineated and demonstrated on the physical exam findings, and failure of more conservative therapy (NSAIDS, muscle relaxants, physical therapy) has been documented. Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections, 10cc of 0.25% Bupivacaine for cervical/Trapezius muscle, QTY: 4 injections:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, Trigger Point Injections are recommended for myofascial pain however several criteria must be met. One is there needs to be clinically documentation of the absence of radicular pain, specific trigger points needed to be delineated and demonstrated on the physical exam findings, and failure of more conservative therapy (NSAIDS, muscle relaxants, physical therapy) has been documented. As the medical records supplied do have this documented, the request for trigger point injections are medically necessary.

**Prilosec 20 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Drugs.com and Physicians' Desk Reference (PDR) 7th Edition 2013

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(chronic) Proton Pump Inhibitors (PPIs)

**Decision rationale:** Per ODG Treatment Decisions, Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. As the medical record documentation does not support this(GI symptoms not present), the request for Prilosec 20mg#60 is not medically necessary.

**Topamax 50 mg, QTY: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs), Page(s): 16--18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Anti-epilepsy drugs(AEDs) for pain

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. In reviewing of the

medical records, the documentation does support the indication of neuropathic pain for Topamax. Therefore, the request for this medication is medically indicated.