

Case Number:	CM14-0157029		
Date Assigned:	09/30/2014	Date of Injury:	07/09/2001
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 Med & Rehab and is licensed to practice 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 injured worker is a 56 year-old female who sustained an injury on July 9, 2001. She is diagnosed with (a) myalgia and myositis, (b) lateral epicondylitis, and (c) chronic wrist pain. She was seen for an evaluation on September 8, 2014. She presented with complaints of bilateral shoulder, right index finger, and bilateral elbow pain. She reported that she had two weeks of relief from the right middle trapezius trigger point injection on July 29, 2014. She also reported that she was taking ibuprofen and that it does not help with the pain. An examination of the cervical spine revealed full range of motion. Compression sign was not positive bilaterally. There was no pain with pressure over the facet processes bilaterally. The superior trapezius, middle trapezius, and rhomboid trigger areas were painful bilaterally. Spasm was palpable over the superior trapezius, middle trapezius, and rhomboid muscles. There was a band with a twitch and referred pain in the right middle trapezius. An examination of the right upper extremity revealed a 16 cm scar on the dorsum of the right hand and forearm starting at the second and third phalanges webspace and an 8 cm incision on the dorsum of the left wrist. There was a 1 cm scar over the volar aspect of the right palm and over the second metacarpal head. There was a 4 cm scar over the lateral aspect of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown trigger point injections to the right middle trapezius: Upheld

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

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

Decision rationale: The request for a trigger point injection to the right middle trapezius is not medically necessary at this time. One of the criteria stipulated by the guidelines for repeat trigger point injections is that there should be greater than 50% pain relief for six weeks after an injection and that there should be documented evidence of functional improvement. From the medical records reviewed, it has been determined that the injured worker previously received a trigger point injection to the same area on July 29, 2014. There was no mention how much pain relief was achieved. More so, pain relief lasted for two weeks only. Criterion for repeat trigger point injection was not met. Hence, the request for trigger point injection to the right middle trapezius is considered not medically necessary at this time.

Ibuprofen (Motrin, Advil) 800mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: The request for ibuprofen 800 mg #90 is not medically necessary at this time. It has been determined from the reviewed medical records that ibuprofen does not help with the injured worker's pain. Also, guidelines stated that this medication is recommended for osteoarthritis and off-label for ankylosing spondylitis. The injured worker is not diagnosed with any of these conditions. Hence, proceeding with this medication is not necessary.