

Case Number:	CM14-0167287		
Date Assigned:	10/14/2014	Date of Injury:	09/12/1997
Decision Date:	11/17/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal 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 injured worker (IW) is a 69 year-old woman with a date of injury of September 12, 1997. She is being treated for chronic pain syndrome, and regional pain syndrome type I of the upper extremities. She sustained the injuries while working as a teacher, but the exact mechanism of injury was not documented in the medical record. Pursuant to the September 17, 2014 evaluation by the treating physician, the relevant objective findings included diminished muscle mass and tone of the biceps, triceps, forearms, quadriceps, hamstrings, and gastrocnemius, tenderness over the left flank area of the previous spinal cord stimulator, sciatic notch tenderness, piriformis tenderness, and impaired coordination. The treatments to date consisted of surgeries, medications, injections, and physical therapy; massage therapy, and spinal cord stimulator. She was evaluated by an orthopedic surgeon and was diagnosed as having RSD/CRPS right upper extremity. She underwent a series of stellate ganglion blocks with improvement. However, the pain returned. She was subsequently evaluated by several specialists including orthopedic surgeons, psychiatrist etc. and the diagnoses of RSD/CRPS right upper extremity was confirmed. She tried various medications including neuropathic pain medications, narcotic pain medications et cetera. Subsequently, she underwent a trial spinal cord stimulator, which was positive. The stimulator gave her approximately 30% relief. It decreased the frequency of the stellate ganglion blocks. Due to infection, the stimulator was eventually removed. Following that, she started having significant increased back pain with intermittent severe spasms. Her medication regimen, functionality, and sleep patterns are the same, but her pain is worse. Her principle treatments have been stellate ganglion blocks every 2 to 4 months, trigger point injections on an intermittent basis for severe low back pain and spasms on the left side, and narcotic pain medication. A comorbidity is her obesity and her diabetes. The IW is using her Duragesic medication appropriately to stay active and maintain functionality. She has benefited from her recent

increase from Duragesic 50mcg to 75mcg. The plan is to titrate the Duragesic patch down and possible off after her trigger point injections and stellate ganglion block procedure are completed. An opiate risk assessment was carried out and a narcotic agreement in in place pursuant to the September 17, 2014 progress note. Pill counts and urine toxicology screens are carried out at regular intervals and CURES reports also reviewed for compliance. Alternating modes of pain reduction modalities have been discussed with the IW.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section; Cymbalta

Decision rationale: Pursuant to the Official Disability Guidelines, Duloxetine (Cymbalta) 60 mg #30 is not medically necessary. The guidelines state Cymbalta is an option in the first-line treatment of neuropathic pain or as an option for chronic pain syndrome. Starting dose is 20 to 60 mg per day and there is no advantage to increasing the dose. Cymbalta is also indicated for pain accompanied by insomnia, anxiety or depression. In this case, according to the medical record, the injured worker's symptoms are worsening and her functional status remains unchanged. Given an increase in the Cymbalta dose is not recommended and there has been no significant pain reduction, the continuation of Cymbalta is not indicated. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines, Cymbalta 60 mg #30 is not medically necessary.

4 Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tigger point injections, criteria for use.

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

Decision rationale: Pursuant to the California Chronic Medical Treatment Guidelines, the four trigger point injections are not medically necessary. The guidelines indicate trigger point injections are recommended only for myofascial pain syndrome, and not radiculopathy. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on physical examination. These injections are not recommended for typical back pain and neck pain. The guidelines described trigger point as a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to a stimulus of the band. When a trigger point injection is being

considered there are eight criteria, all of which must be met. In this case, a review of the medical record indicates there is no documented evidence of any twitch response with referred pain in any of the procedure notes or physical examination. Consequently, all of the criteria for trigger point injections are not present (Page 122, Chronic Medical Treatment Guidelines). The injured worker did not fulfill the criteria for trigger point injections and the request is not medically necessary. There was conflicting evidence in the record whereby some trigger point injections resulted in pain relief and others did not. Additionally, there is no diagnosis of Myofascial Pain Syndrome in the record. Entries with Chronic pain syndrome and spasm of muscle were in the record but not Myofascial Pain Syndrome. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines the trigger point injections are not medically necessary.