

Case Number:	CM14-0169756		
Date Assigned:	10/20/2014	Date of Injury:	03/15/2012
Decision Date:	11/20/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 patient is a 54 year-old female with the date of injury of 03/15/2012. The patient presents with constant pain in her neck and low back, neck pain greater than lower back pain. The patient rates her pain 3-9/10 on the pain scale. The patient presents limited range of neck or lumbar spine in all plans. Examination reveals positive spurling on the right side of her neck. Trigger points are identified over paracervical, upper trapezius, and paralumbar region. According to [REDACTED] report on 04/02/2014, diagnostic impressions are: 1. Status post L5-S1 fusion 2. Cervical spasms 3. Cervical radiculitis 4. Neck pain 5. Lower back pain 6. L4-5 facet arthropathy 7. L3-4 and L4-5 disk protrusions 8. C5-6 and C6-7 disk protrusions 9. Spasm of muscle 10. Brachial neuritis or radiculitis NOS 11. Cervicalgia 12. Lumbago 13. Other specified arthropathy, other specified sites The utilization review determination being challenged is dated on 09/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/18/2013 to 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Trigger Point Injection times 1 on 9/13/14, Para cervical Region:
Upheld

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: The patient presents with pain and weakness in her neck and lower back. The request is for trigger point injection for para cervical region. The patient underwent trigger point injections to the neck, upper back and shoulders in the past and no dates of procedures are identified. MTUS guidelines page 122 do not recommend 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; (7) Frequency should not be at an interval less than two months." None of the reports provided by the treater contain documentation of trigger points to warrant the injection. MTUS requires documentation of specific trigger points for injections to be supported. For repeat injections, documentation of significant improvement is required as well. The request is not medically necessary.

Retrospective request for Toradol 30 mg IM Injection times 1 on 9/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: The patient presents with pain and weakness in her neck and lower back. The request is for trigger point injection for para cervical region. The patient underwent trigger point injections to the neck, upper back and shoulders in the past and no dates of procedures are identified. MTUS guidelines page 122 do not recommend 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; (7) Frequency should not be at an interval less than two months." None of the reports provided by the treater contain documentation of trigger points to warrant the injection. MTUS requires documentation of specific trigger points for injections to be supported. For repeat injections, documentation of significant improvement is required as well. The request is not medically necessary.

Retrospective request for Dispensed Compounding Topical Analgesic Cream (Flurbiprofen, Cyclobenzaprine, Gabapentin, Tramadol): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents with pain and weakness in her neck and lower back. The request is for dispensed compounding topical analgesic cream (Flurbiprofen, Cyclobenzaprine, Gabapentin, Tramadol). MTUS guidelines do not recommend Gabapentin as topical cream. MTUS guidelines page 111 do not support compounded topical products if one of

the compounds are not recommended. Given the lack of support for topical Gabapentin, the request is not medically necessary.