MAXIMUS Federal Services

Case Number:	CM14-0022669		
Date Assigned:	06/11/2014	Date of Injury:	03/03/2011
Decision Date:	08/12/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/24/2014

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 injured worker is a 60 year old female who reported an injury on 03/03/2011. The mechanism of injury was not provided within the documentation. The injured worker's previous treatments were noted to be acupuncture, physical therapy, epidural steroid injections and medications. The injured worker's diagnosis was noted to be cervical radiculopathy. On 12/24/2013, the injured worker had an evaluation. The injured worker had complaints of pain that began in the neck and traveled throughout the arm, affecting her left hand, with numbness and tingling sensations. The physical examination noted decreased flexion, extension and bilateral bending and rotation by 10% of normal in the cervical spine. There was tenderness in the left paracervical muscles. There was tenderness in the left trapezius muscles. There was also tenderness in the left rhomboid muscles. There was decreased sensation in the left ventral aspect of the thumb and first 2.5 digits. There were normal reflexes in the bilateral brachioradialis, biceps and triceps. There was normal strength in the bilateral deltoids, biceps, triceps, wrist extensors and wrist flexors. There was a positive left Spurling's sign. It was noted that an MRI from 2012 supported the diagnosis of cervical radiculopathy. The treatment plan is for the discontinuation of Zanaflex and starting Flexeril for muscle spasms. The provider's rationale for the requested trigger point injections was not provided within the documentation. The provider's rationale for the requested urine drug screen was not provided within the documentation. The provider's rationale for the requested Naprosyn and Flexeril was partially provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS X4 TO THE LEFT TRAPEZIUS WITH ULTRASOUND GUIDANCE: 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): 122.

Decision rationale: The MTUS Chronic Pain Guidelines recommend trigger point injections only for myofascial pain syndrome. The Guidelines also state that trigger point injections have limited lasting value. They are not recommended for radicular pain. There should be no more than 2 to 3 injections per session and no repeat injections unless greater than 50% pain relief was obtained for the first 6 weeks after the injection was given with documented evidence of functional improvement. The injured worker's clinical evaluation does not indicate a diagnosis of a myofascial pain syndrome. In fact, it does provide a diagnosis, supported by an MRI, for radiculopathy. According to the Guidelines, radiculopathy should not be present by exam, imaging or neuro testing. The physical examination did not indicate evidence upon palpation of a twitch or any referred pain at the trigger point. The documentation did not provide failed conservative care or symptoms persisting for more than 3 months. The request is for 4 injections, and the MTUS Chronic Pain Guidelines indicate no more than 2 to 3. Therefore, the request is not medically necessary and appropriate.

URINE DRUG SCREEN (PER 2/13/14 FORM) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The MTUS Chronic Pain Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or presence of illegal drugs. It is not noted according to the examination provided for review that the injured worker is on opioids. The MTUS Guidelines recommend urine drug screening for chronic opioid under ongoing management. The injured worker had a urine drug screen in October. A repeat urine drug screen in February was not warranted according to the documentation provided. As such, the request is not medically necessary and appropriate.

PRESCRIPTION OF NAPROSYN 550MG, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page Page(s): 67-68, 73.

Decision rationale: The MTUS Chronic Pain Guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. The MTUS Guidelines recommend Naprosyn for between 250 mg and 500 mg by mouth twice daily. The maximum dose on Day 1 should not exceed 1250 mg and 1000 mg on subsequent days. The request is for Naprosyn 550 mg; 550 mg of Naprosyn exceeds the maximum dose recommend. In addition, the request fails to provide a frequency. As such, the request is not medically necessary and appropriate.

PRESCRIPTION OF FLEXERIL 7.5MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines indicate Flexeril as a recommended option for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is limited, mixed evidence for a recommendation for chronic use. The MTUS Chronic Pain Guidelines recommend 5 mg 3 times a day. This medication is not recommended to be used for longer than 2 to 3 weeks. It is not noted as to how long the provider wishes for the injured worker to remain on Flexeril. The MTUS Chronic Pain Guidelines recommend Flexeril only for a short course of therapy. The request for Flexeril 7.5 mg is in excess of the recommended 5 mg dose, according to the MTUS Guidelines. In addition, the request fails to provide a frequency. As such, the request is not medically necessary and appropriate.