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| Case Number: | CM14-0026150 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 12/12/2007 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 Medicien and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with the date of injury of December 12, 2007. A progress report dated January 15, 2014 identifies chief complaint of neck pain and right shoulder pain. The patient still has difficulty sleeping at night. The patient also report headaches persist and are worse with neck pain at higher level. Physical Examination identifies right shoulder painful range of motion. Forward flexion to 170 degrees. Abduction to 170 degrees. Tenderness to palpation over the acromioclavicular joint. The diagnoses identify status post right shoulder surgery times one, right shoulder tendonitis, and cervical spine degenerative disc disease. The recommendations identify right shoulder trigger point injection given, continue transcutaneous electrical nerve stimulation (TENS), and continue creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER TRIGGER POINT INJECTION, PER 2/12/14 FORM, QTY: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for right shoulder trigger point injection, the CA MTUS support the use of trigger point injections after three months of conservative treatment provided trigger points are present on physical examination. The Official Disability Guidelines (ODG) states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for six weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested right shoulder trigger point injection is not medically necessary.

TRANSCUTANEOUS ELECTROTHERAPY (TENS) UNIT, PER 2/12/14 FORM, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for TENS, the CA MTUS state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The MTUS guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, it appears the patient has already been using the TENS unit. However, there is no mention of how often the unit was used, as well as outcomes in terms of pain relief and function. In addition, other ongoing pain treatment during the trial period was not noted. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

CREAMS, PER 2/12/14 FORM, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

Decision rationale: Regarding the request for creams, the CA MTUS states topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, The MTUS guidelines state that any compounded product that contains at

least one drug or drug class that is not recommended is not recommended. Within the documentation available for review, there is mention that the creams help with pain. However, the specific creams being used is not clarified. The components of the creams have not been identified. In the absence of such documentation, the currently requested creams are not medically necessary.