

<b>Case Number:</b>	CM14-0030432		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 19, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim; transfer of care to and from various providers in various specialties; and earlier cervical epidural steroid injection therapy. In a Utilization Review Report dated February 28, 2014, the claims administrator approved a request for an MRI of the brachial plexus, denied a request for trigger point injections, and denied a request for tramadol, denied a request for Protonix, denied a request for Voltaren, and denied a request for Lidoderm patches. A November 13, 2013 progress note is notable for comments that the applicant reported persistent complaints of neck and arm pain. The applicant had undergone several epidural steroid injections, it was acknowledged, but none in the last two years. The applicant has also had physical therapy, it was noted. The applicant reported ongoing issues with fatigability about the arm. 4/5 strength was noted about one arm with 5/5 strength about the other. The applicant was given prescription for Naprosyn, Protonix, and Lidoderm patches. The applicant was asked to continue working. In a January 17, 2014 procedure note, the applicant underwent unilevel cervical epidural steroid injection. On February 5, 2014, the applicant presented with persistent complaints of neck pain. MRI imaging of brachial plexus was ordered. New prescription of Voltaren extended release, Protonix, and tramadol were endorsed, along with ultrasound-guided trigger point injections. The applicant was apparently asked to continue working, albeit with the aid of a standing desk. The attending provider stated that the applicant had signs and symptoms of neurovascular compression syndrome superimposed on issues with myofascial pain and myofascial tender points. The

applicant did exhibit tenderness about the scalene and trapezius muscles with a positive twitch response and palpable trigger points appreciated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ultrasound guided Trigger Point Injection: 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:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain in applicants who have tried and failed medical management therapy such as stretching exercise, physical therapy, NSAIDs, muscle relaxants. In this case, however, there is no evidence that each of these modalities have been tried and/or failed. The applicant is using a variety of analgesic medications, including Naprosyn and tramadol, with reportedly good effect. The applicant has returned to work. It is further noted that the attending provider's documentation suspected brachial plexopathy and/or suspected neurovascular compression syndrome versus cervical radiculopathy, taken together, does suggest a lack of diagnostic clarity and argues against the presence of myofascial pain and/or myofascial tender points for which trigger point injections would be indicated. Therefore, the request is not medically necessary.

#### **Ultram ER 150mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol or Ultram is indicated in the treatment of moderate-to-severe pain. In this case, the applicant did have moderate-to-severe neck and shoulder pain complaints on and around the date in question, February 5, 2014. The request in question did represent a first-time request for Ultram. Provision of the same was indicated. Therefore, the request is medically necessary.

#### **Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton-pump inhibitor such as Protonix to combat NSAID-induced dyspepsia, in this case, however, there was no clear mention or discussion of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, in either the body or the review of systems section of the above progress notes. Therefore, the request for Protonix is not medically necessary.

**Voltaren XR 100mg #60:** 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 Anti-Inflammatory Medications Page(s): 22, 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Voltaren do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should tailor medications and dosage to the specific applicant taking into consideration applicant-specific variables, such as "other medications." In this case, the applicant was described as using another NSAID, Naprosyn, as of the progress note of November 13, 2013. No rationale for introduction of Voltaren extended release, a second NSAID, on February 5, 2014, was proffered by the attending provider. It was not clearly stated whether the applicant was using Voltaren as mono therapy or Voltaren as combo therapy in conjunction with Naprosyn since no rationale for provision of two separate NSAIDs was provided, the request is not medically necessary.

**Lidoderm 5% patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there was no evidence of antidepressant and/or anticonvulsant failure before Lidoderm patches were introduced. Therefore, the request is not medically necessary.