

Case Number:	CM14-0059758		
Date Assigned:	07/09/2014	Date of Injury:	03/09/2004
Decision Date:	08/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 who was injured on 3/9/2004. The diagnoses are neck pain, right shoulder and right arm pain. The patient is still working full time. On 4/14/2014, [REDACTED] noted subjective complaints of increased neck pain with increased neck stiffness. There were objective findings of tender trigger points taut bands in the shoulder and neck trapezius muscle. The medications are Norco, methadone, Neurontin and Arthrotec for pain. An Office UDS test was positive for methadone. There were no other UDS test documented in the available records. A Utilization Review determination was rendered on 4/22/2014 recommending non-certification for Trigger point injections to the left and right upper trapezius muscles and non-certification for Urine Drug Screen retrospectively done on 4/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections left and right upper trapezius and neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines 7/18/2009 Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 122.

Decision rationale: The CA MTUS addressed the treatment of myofascial pain syndrome in patients with chronic musculoskeletal pain. Trigger points injections can be beneficial for myofascial pain that is non-responsive to conservative management with medications, PT and exercise. The record indicate that the patient have completed conservative management. There are documented findings of painful trapezius muscle taut bands that did not respond to treatment. The criteria for Tigger points injections of left and right upper trapezius and neck was met.

Urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42, 43, 74-80.

Decision rationale: The CA MTUS addressed the monitoring measures necessary during chronic opioid treatment. The guideline recommend random urine drug testing at a frequency of 2 to 4 times per year and more frequently for "cause" or red flag behaviors suggestive of abuse or misuse. The record indicate that no urine drug screen have been performed on this patient who had been on chronic opioid treatment for many years. The patient is utilizing methadone and Norco, medications that are associated with high diversion and abuse potential. The criteria for the urine drug screen retrospectively, done on 4/14/2014, was met.