

Case Number:	CM14-0071999		
Date Assigned:	07/16/2014	Date of Injury:	09/01/2005
Decision Date:	10/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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 Nevada. 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 records, presented for review, indicate that this 64-year-old female was reportedly injured on 9/1/2005. The most recent progress note, dated 6/3/2014, indicated that there were ongoing complaints of neck pain, shoulder pain, and low back pain. The physical examination demonstrated the patient had an antalgic gait. Bilateral shoulder restricted/limited range of motion was with pain. There were positive Hawkins, Neer's, Speed's tests on the right side with tenderness to palpation in the AC joint and bicep groove. Left shoulder had positive tenderness to palpation in the AC joint, trapezius, and bicep group. Right knee was with tenderness to palpation over the patella. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for *trigger point injections to the right iliolumbar and right gluteal regions and flurbiprofen 20% cream and was not certified in the pre-authorization process on 4/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for trigger point injections to the right iliolumbar and right gluteal regions:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Trigger Point Injections Page(s):.

Decision rationale: CA MTUS treatment guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Furthermore, the record provides clear evidence of a suspected radiculopathy rather than myofascial pain syndrome. Based on the information provided, this request is not considered medically necessary.

1 request for Flubiprofen 20% cream, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Mason, 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.