

Case Number:	CM14-0074445		
Date Assigned:	07/16/2014	Date of Injury:	05/10/2013
Decision Date:	09/23/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/22/2014

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 59-year-old female who was reportedly injured on 05/10/2013. Mechanism of injury not listed in the records reviewed. The last progress note dated 05/13/2014 indicates that the injured worker presents with left shoulder pain and spasms. On examination, there is a moderate tenderness over the scapular area and supraclavicular area. Muscle strength is 4/5 in all major groups of the left upper extremity. There is diffuse loss of sensation in the left upper extremity. Positive temperature difference is noted in the left versus right upper extremity. Muscle spasm is noted in the cervicobrachial, left upper trapezius, left paraspinal and left scalene. Adson's test is positive on the left. The injured worker has signs and symptoms consistent with neurovascular compression syndrome arising from the level of the plexus/thoracic outlet. The injured worker has continued symptoms and lack of significant improvement with conservative treatments to date. A request was made for an ultrasound guided trigger point injection of the left parascapular and paraspinal muscles, Norflex 100mg # 90 and was not certified on 05/19/2014.

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 of the Left Parascapular and paraspinal muscles.: 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: According to CA MTUS, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3)Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. In this case, there is no detailed examination findings establishing active trigger points are present. The medical records do not document circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, there is no indication that symptoms have persisted for more than three months, and have not been responsive to medical therapies such as ongoing stretching exercises, physical therapy, judicious use of NSAIDs and muscle relaxants. The medical records do not substantiate the patient has myofascial pain syndrome with characteristic trigger points. Therefore, the medical necessity for ultrasound guided trigger point injection has not been established.

Norflex 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, the medical records do not document the presence of substantial muscle spasm refractory to first line treatments. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. There is no documentation of significant improvement in pain or function with prior use of antispasmodics. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the request is considered not medically necessary.