

Case Number:	CM14-0107989		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2006
Decision Date:	07/01/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female, who sustained an industrial injury on 4/23/2006 due to repetitive activities with the upper extremities. She reported numbness in both hands. The injured worker was diagnosed as having carpal tunnel syndrome, status post bilateral carpal tunnel release surgery, status post bilateral elbow surgeries, multi-level cervical degenerative disc disease with neural foraminal narrowing, cervical radiculitis, lumbar facet arthropathy, and lumbar degenerative disc disease. Additional diagnoses included diabetes, hypertension, high cholesterol, ulcers, and depression. Treatment to date has included diagnostics, bilateral wrist surgeries in 2006, physical therapy, bilateral elbow surgeries, radiofrequency ablation, and medications. On 5/08/2014, the injured worker complained of bilateral neck pain, upper back pain, bilateral low back pain, and bilateral upper extremity pain. Pain was rated 7/10. She reported that her family held an "intervention" for her 49 days ago, and she went directly to a detoxification program, and then to an inpatient rehabilitation facility. She reported being off opiate medication for a total of 49 days. She was currently using Flexaril and Buspar for pain, documented as working well. She was having difficulty sleeping and experiencing a lot of inflammation around her neck. Current medications included Amrix ER, Voltaren gel, Aspirin, Duloxetine, Hydrochlorothiazide, Medroxyprogesterone, Metformin, Metoprolol, Onglyza, Pantoprazole, Simvastatin, Glipizide ER, Losartin/HCTZ, and Busprione. Her work status was permanent and stationary. Her body mass index was 37.12%. Exam of the cervical spine noted restricted range of motion and tenderness of the paravertebral muscles bilaterally. Lumbar exam noted restricted range of motion and tenderness only on deep palpation of the paravertebral muscles bilaterally. Motor and sensory exams were without deficits. Office treatment included trigger point injection(s) into the cervical paravertebral, noting 2 trigger points identified by

palpation. The treatment plan included massage therapy x12 for the cervical and lumbar spine, to reduce myospasms, improve mobility, and improve function. She was also provided a prescription for Gabapentin to help neuropathic symptoms, along with Ibuprofen, to reduce inflammation. Urine toxicology (3/14/2014) was inconsistent with expected results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the cervical and lumbar spine, twelve (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage/myotherapy for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Massage therapy Page(s): 98-99, 60.

Decision rationale: The patient presents on 05/08/14 with bilateral neck pain, upper back pain, bilateral lower back pain, and bilateral upper extremity pain. The pain is rated 7/10. The patient's date of injury is 04/23/06. Patient is status post bilateral carpal tunnel release at unspecified dates, cervical ESI on 06/17/13, lumbar facet blocks on 09/16/13, and radiofrequency neurolysis of the bilateral L5 and S1 medial branches on 12/20/13. The patient also has a history of bilateral elbow surgery at dates unspecified. The request is for MASSAGE THERAPY FOR THE CERVICAL AND LUMBAR SPINE TWELVE (12) VISITS. The RFA is dated 07/02/14. Physical examination dated 05/08/14 reveals restricted range of motion in the cervical spine in all planes, and tenderness to palpation of the cervical spine. Lumbar spine examination reveals tenderness to palpation of the paravertebral muscles, reduced range of motion in all planes, and negative straight leg raise. The patient is currently prescribed Amrix, Voltaren gel, Aspirin, Cyanocobalamin, Duloxetine, Estropipate, Flovent, Hydrochlorothiazide, Medroxyprogesterone, Metformin, Metoprolol, Onglyza, Pantoprazole, Simvastatin, Gilpizide, Losartan, Buspirone, and Flexeril. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. MTUS Chronic Pain Medical Treatment Guidelines, page 60 for Massage therapy states: "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." In regard to the request for 12 sessions of massage therapy, the provider has exceeded guideline recommendations. There is no evidence in the documentation provided that this patient has had any recent massage therapy directed at her chronic pain complaints. MTUS specifies that massage therapy should be limited to 4-6 visits in most cases. Without a rationale as to why this patient requires treatment beyond the guideline recommendations or an inability to perform self-directed therapy, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.

Gabapentin 300 mg #30 with three (3) refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: The patient presents on 05/08/14 with bilateral neck pain, upper back pain, bilateral lower back pain, and bilateral upper extremity pain. The pain is rated 7/10. The patient's date of injury is 04/23/06. Patient is status post bilateral carpal tunnel release at unspecified dates, cervical ESI on 06/17/13, lumbar facet blocks on 09/16/13, and radiofrequency neurolysis of the bilateral L5 and S1 medial branches on 12/20/13. The patient also has a history of bilateral elbow surgery at dates unspecified. The request is for GABAPENTIN 300MG #30 WITH THREE (3) REFILLS. The RFA is dated 07/02/14. Physical examination dated 05/08/14 reveals restricted range of motion in the cervical spine in all planes, and tenderness to palpation of the cervical spine. Lumbar spine examination reveals tenderness to palpation of the paravertebral muscles, reduced range of motion in all planes, and negative straight leg raise. The patient is currently prescribed Amrix, Voltaren gel, Aspirin, Cyanocobalamin, Duloxetine, Estropipate, Flovent, Hydrochlorothiazide, Medroxyprogesterone, Metformin, Metoprolol, Onglyza, Pantoprazole, Simvastatin, Gilpizide, Losartan, Buspirone, and Flexeril. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the prescribed Gabapentin for this patient's neuropathic pain, the request is appropriate. This appears to be the initiating prescription of this medication following this patient's recent attendance in a 5-day detoxification program and complete cessation of opiate medications. Progress note dated 05/08/14 indicates that the patient presents in the office to inquire about non-narcotic pain medications, and that the prescription of Gabapentin is offered as an alternative to opiates. Given this patient's condition, a trial of Gabapentin is substantiated. The request IS medically necessary.

Ibuprofen 800 mg #90 with three (3) refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents on 05/08/14 with bilateral neck pain, upper back pain, bilateral lower back pain, and bilateral upper extremity pain. The pain is rated 7/10. The patient's date of injury is 04/23/06. Patient is status post bilateral carpal tunnel release at unspecified dates, cervical ESI on 06/17/13, lumbar facet blocks on 09/16/13, and radiofrequency neurolysis of the bilateral L5 and S1 medial branches on 12/20/13. The patient also has a history of bilateral elbow surgery at dates unspecified. The request is for IBUPROFEN 800MG #90 WITH THREE (3) REFILLS. The RFA is dated 07/02/14. Physical examination dated 05/08/14 reveals restricted range of motion in the cervical spine in all planes, and tenderness to palpation of the cervical spine. Lumbar spine examination reveals tenderness to palpation of the paravertebral muscles, reduced range of motion in all planes, and negative straight leg raise. The patient is currently prescribed Amrix, Voltaren gel, Aspirin, Cyanocobalamin, Duloxetine, Estropipate, Flovent, Hydrochlorothiazide, Medroxyprogesterone, Metformin, Metoprolol, Onglyza, Pantoprazole, Simvastatin, Gilpizide, Losartan, Buspirone, and Flexeril. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line

of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to Ibuprofen for this patient's chronic lower back pain, adequate documentation of pain reduction and functional improvement has been provided. Progress note dated 07/31/15 documents that the patient reports that her new regimen of non-narcotic medications is effective at controlling her pain in conjunction with recent trigger point injections and physical therapy. Given the conservative nature of this medication and documented analgesia, continued use is substantiated. The request IS medically necessary.

Two (2) trigger point injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Trigger Point Injections.

Decision rationale: The patient presents on 05/08/14 with bilateral neck pain, upper back pain, bilateral lower back pain, and bilateral upper extremity pain. The pain is rated 7/10. The patient's date of injury is 04/23/06. Patient is status post bilateral carpal tunnel release at unspecified dates, cervical ESI on 06/17/13, lumbar facet blocks on 09/16/13, and radiofrequency neurolysis of the bilateral L5 and S1 medial branches on 12/20/13. The patient also has a history of bilateral elbow surgery at dates unspecified. The request is for TWO (2) TRIGGER POINT INJECTIONS. The RFA is dated 07/02/14. Physical examination dated 05/08/14 reveals restricted range of motion in the cervical spine in all planes, and tenderness to palpation of the cervical spine. Lumbar spine examination reveals tenderness to palpation of the paravertebral muscles, reduced range of motion in all planes, and negative straight leg raise. The patient is currently prescribed Amrix, Voltaren gel, Aspirin, Cyanocobalamin, Duloxetine, Estropipate, Flovent, Hydrochlorothiazide, Medroxyprogesterone, Metformin, Metoprolol, Onglyza, Pantoprazole, Simvastatin, Gilpizide, Losartan, Buspirone, and Flexeril. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. ODG Pain chapter, under Trigger Point Injections, has the following: "Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of 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." In this case, the trigger point injections are a retrospective request for injections performed in office on 05/08/14. This patient presents with chronic pain lasting longer than 3 months. In the progress note associated with this injection, the provider states that two trigger points at an unspecified location were identified by palpation and the injections were performed with benefits. However, the provider does not include

examination findings of a twitch response, nor is there any mention of referred pain. Without such documentation, the injections do not meet guideline criteria and cannot be substantiated. The request IS NOT medically necessary.