

Case Number:	CM14-0204361		
Date Assigned:	12/16/2014	Date of Injury:	07/30/2003
Decision Date:	02/06/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 40 year old male with an injury date of 07/30/03. The 10/14/14 progress report by [REDACTED] states that the patient presents with neck, right shoulder and right upper extremity pain that is worsening. Neck pain radiates to the right arm. Pain interferes with daily activities and sleep. The patient has difficulty controlling diabetes. Examination reveals paracervical muscle tenderness on the right side as well as tenderness over the superior border of the trapezius muscle on the right side. There is decreased sensation to light touch over the right C7 and C8 dermatomes. The patient's diagnoses include: 1. Neck pain with radicular symptoms to the right upper extremity 2. S/p right shoulder surgeries with residual pain (dates unknown) 3. Chronic pain syndrome 4. Unspecified gastritis and gastroduodenitis (without hemorrhage) (07/02/14 report [REDACTED]) 5. Unspecified sleep apnea, mild obstructive deferred to specialist (07/02/14 report [REDACTED]) 6. Psychiatric diagnoses deferred to specialist (07/02/14 report [REDACTED]) Current medications are listed as Cymbalta, Trazodone, and Baclofen. The utilization review is dated 10/29/14. Reports were included for review from 01/24/12 to 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Trigger point injections to right paracervical/right trapezius/thoracic: 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: The patient presents with worsening pain in the neck, right shoulder and right upper extremity. Neck pain radiates to the right arm, and pain interferes with daily activities and sleep. The current request is for 3 trigger point injections to right paracervical/right trapezius/thoracic per 10/14/14 report. The MTUS, Trigger point injections, page 122 has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. MTUS also states, "Not recommended for radicular pain." The reports provided show the patient received the current request on 10/14/14 and felt immediate relief. The treating physician does not state why this treatment was needed. While the patient does have diagnosis of chronic pain syndrome, there is no diagnosis of myofascial pain syndrome for which this treatment is indicated. Furthermore, there is no documentation in recent reports of circumscribed trigger points with evidence of a twitch response on palpation as required by MTUS. MTUS also states the treatment is not recommended for radicular pain which is present in this patient. In this case, the request is not medically necessary.

Trazodone 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone

Decision rationale: The patient presents with worsening pain in the neck, right shoulder and right upper extremity. Neck pain radiates to the right arm, and pain interferes with daily activities and sleep. The current request is for Trazodone 50mg #60 per 10/14/14 report. MTUS and ACOEM are silent on this medication. ODG, Mental Illness & Stress Chapter, Trazodone, states, "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The reports from 06/10/14 and 10/14/14 state the patient has sleep difficulty due to pain. On 10/14/14 the treating physician states the patient is starting this medication for insomnia. In this case, this medication is indicated for insomnia which is documented in this patient. The request is medically necessary.