

<b>Case Number:</b>	CM15-0105795		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

### 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 52 year old female who sustained a work related injury on 3/20/12 due to a fall. The diagnoses have included cervical/thoracic/lumbar spine disc degeneration, left carpal tunnel syndrome, right middle finger trigger finger, bilateral wrist pain, bilateral patellofemoral syndrome and bilateral knee osteoarthritis. Treatments have included chiropractic therapy, physical therapy, home exercises, medications, ice therapy, and status post right middle finger release on 12/1/14. An Agreed Medical Examination from April 2015 notes that over the course of the past year, the injured worker was referred for extensive physical therapy totaling about two months. Prior physical therapy for the neck, knees, and back was noted. Postoperative physical therapy for the right middle finger trigger release surgery was noted to have been recently authorized. It was noted that the injured worker's last day of work was October 15, 2012. Medications in September 2014 included pamelor, voltaren, gabapentin cream, and Prilosec. Medications in December 2014 included norco, Zofran, and zolpidem. Work status in November 2014 was temporarily totally disabled. In the PR-2 dated 4/8/15, the injured worker complains of bilateral hand and knee pain. She states her right hand pain is improving but left hand and knee pain remains the same. She states the right middle finger is sensitive to touch. She complains of ongoing but less intense throbbing pain and numbness in her right middle finger. She rates her pain level a 6-7/10. She has severe tenderness with palpation over the surgery site. She complains of left hand pain. She rates this pain a 7/10. She has mild tenderness to palpation over entire wrist. She complains of bilateral knee pain. She rates pain level a 7/10. She states she has intense throbbing pain in both knees. She states her right knee buckles when walking and that it does not feel stable. It was noted that following

surgery, she is currently taking Norco, nortriptyline, and naproxen. It was noted that she had 24 sessions of physical therapy for her knees and back. Examination showed 5minus/5 strength in the interossei, middle finger extensors and middle finger flexors. The treatment plan includes requests for physical therapy - postoperative to right hand two times per week for four weeks, continuing medications and a prescription for ketoprofen cream trial. On 5/28/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left trigger point injection: 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 MTUS states that trigger point injections are recommended only for myofascial pain syndrome in order to maintain function when myofascial trigger points are present on examination. Trigger point injections are not recommended for radicular pain or for typical back pain or neck pain, and have not been proven effective for fibromyalgia syndrome. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Specific criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms which have persisted for more than three months, medical management therapies have failed to control pain, radiculopathy is not present, no more than 3-4 injections per session, no repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, frequency should not be at an interval less than two months, and injections other than local anesthetic with or without steroid are not recommended. In this case, the injured worker has hand and knee pain with history of neck and back pain. The site for trigger point injection was not specified. The recent physical examination did not document findings of trigger points. Due to lack of exam findings of trigger points and insufficiently specific prescription, the request for left trigger point injection is not medically necessary.

**Physical therapy 3 times a week for 1 month: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The documentation indicates that the injured worker is status post recent trigger finger release, and that postoperative therapy for this condition was recently authorized; it is unclear if the current request is related to this surgery (as the number of sessions requested discussed in the progress note from 4/8/15 is different from the number at issue) and as such is a duplicate request (which would therefore be unnecessary). This injured worker has back, neck, knee, and hand issues. The site for treatment with physical therapy was not specified. The records do not contain a sufficient prescription from the treating physician, which must contain diagnosis, duration, frequency, and treatment modalities, at a minimum. The documentation indicates that the injured worker prior physical therapy to the neck, knees, and back, without documentation of functional improvement as a result of physical therapy. The number of sessions requested (3 times a week for one month, consistent with 12 sessions) is in excess of the maximum number recommended by the guidelines (10). Due to insufficiently specific prescription, lack of documentation of functional improvement from prior physical therapy, and number of sessions requested in excess of the guidelines, the request for physical therapy 3 times a week for 1 month is not medically necessary.

**CM3-Ketoprofen cream 20%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Ketoprofen, a non-steroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDS are not recommended for neuropathic pain. This injured worker has neck, back, knee, and hand issues. The site of application and directions for use were not specified. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. As such, the request for CM3-Ketoprofen cream 20% is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** This injured worker has been prescribed ketoprofen, which is a non-steroidal anti-inflammatory medications (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these conditions was present for this injured worker. There was no documentation of any gastrointestinal signs or symptoms. Due to lack of specific indication, the request for omeprazole is not medically necessary.

**Nortriptyline HCL 25mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16.

**Decision rationale:** This injured worker has pain in the neck, back, knee, and hand. Nortriptyline has been prescribed for at least 7 months. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Pamelor (nortriptyline) is a tricyclic antidepressant. Adverse reactions may include urinary hesitance and urinary retention. In this case, there was no documentation of pain outcomes, functional improvement, assessment of sleep, or psychological assessment related to use of nortriptyline. As such, the request for nortriptyline is not medically necessary.