

Case Number:	CM15-0107052		
Date Assigned:	06/11/2015	Date of Injury:	07/01/2013
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/03/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 63 year old female who sustained an industrial injury on 7/13/13. Diagnoses include generalized psoriasis triggered by irritant contact dermatitis, anxiety, depression, and insomnia- sleep maintenance type. A primary treating physician note dated 2/27/15 reports the injured worker has been using prescribed medication as directed but has had a slight flare up of psoriatic lesions since the last exam and that psoriatic lesions are a little more active today but without evidence of infection. A primary treating physician note dated 4/17/15 reports subjective complaints from the injured worker that she had a bad psoriasis relapse so she had to use more Clobex and that she has also been experiencing joint ankle and knee pain and aching calves and the psoriasis has spread. There was also the complaint that it is hard to lie down and hard to sleep. The physician notes the Calcipotriene is not being dispensed which is the cause of the flare. She is taking the hydroxyzine which helps with itching. Secondly, anxiety and depression have been quite aggravated. Objective exam notes she is quite anxious appearing and there are psoriatic plaques and lesions scattered throughout, but are denser on the scalp and extremities. No joint erythema or swelling noted. The primary treating physician notes a concern about adrenal suppression if psoriasis cannot be reasonably controlled on the current medication regimen. Most recent work status is recorded as total temporary disability. Prior treatment per a 2/27/15 medication list includes Hydroxyzine, Clobex, Calcipotriene. The treatment plan is a consultation with a dermatologist to evaluate and treat worsening psoriasis with the apparent development of psoriatic arthritis, Calcitriol 3mcg/gram ointment 100 grams applied twice a day, begin Naproxen 500mg twice a day with meals, Clobex 0.05%, 59 ml spray

for two continuous months for application up to 3-4 times per day until psoriasis is controlled again.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clobex 0.5% 59ml, per 04/17/15 order Qty: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17188795>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, clobex.

Decision rationale: The California chronic pain medical treatment guidelines section on trigger point injections states: Trigger point injections Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. 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. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective.(Goldenberg, 2004) Criteria for the use of Trigger point injections: 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; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004) The provided clinical documentation fails to show circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore criteria have not been met and the request is not medically necessary.

Calcitriol 3mcg/gram #100grams, per 04/17/15 order Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/19702033>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, calcitrol.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is a form of vitamin D used to treat and prevent low levels of calcium in patients with kidney or parathyroid disorders. The patient does not have either of these conditions as related to industrial incident and therefore the request is not medically necessary.