

Case Number:	CM15-0147227		
Date Assigned:	08/10/2015	Date of Injury:	03/02/2008
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female that sustained an industrial injury on 03-02-2008 and is currently not working. The injured worker is currently diagnosed as having myofascial pain syndrome, right upper repetitive strain injury, cervical spine strain, and right medial epicondylitis. Treatment and diagnostics to date has included TENS (Transcutaneous Electrical Nerve Stimulation) Unit, injections, elbow splints, and medications. In a progress note dated 07-14-2015, the injured worker reported increased pain in the bilateral trapezius and rhomboid areas with some numbness and spasms. Objective findings included positive trigger points to the bilateral trapezius, rhomboid, and paracervical areas and tenderness to the right medial epicondyle. The treating physician reported requesting authorization for Omeprazole, Flexeril, TENS (Transcutaneous Electrical Nerve Stimulation) Unit pads, trigger point injections, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physician Dispensed Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI (gastrointestinal) symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and-or anticoagulant, or high dose or multiple NSAID" use. The injured worker is less than 65 years of age and even though there is NSAID usage noted (which is used as needed), there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Omeprazole is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physician Dispensed Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is "recommended as an option, using a short course of therapy....Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended". The medical records show that the injured worker did present with increased pain and spasms to his upper back region. However, the injured worker has been prescribed Flexeril (Cyclobenzaprine) regularly since at least 12-17-2014. The continued use of Flexeril for over seven months exceeds the MTUS recommendations. Therefore, based on the Guidelines and the submitted records, the request for Flexeril is not medically necessary.

TENS pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) is "not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration". After review of the medical records, there is insufficient documentation to justify continued use of the TENS Unit. A report of measurable changes in function and pain reduction with its use is required in order to show evidence of benefit. Therefore, based on the Guidelines and the submitted records, TENS pads are not medically necessary.

Trigger Point Injections x 4: Overturned

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: Per the MTUS, Trigger point injections are recommended only for myofascial pain syndrome, 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. 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. Per the MTUS, 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. A review of the injured workers medical records reveal that she meets several of the criteria for trigger point injections including positive trigger points to the bilateral trapezius, rhomboid, and paracervical areas, therefore the request for Trigger Point Injections x 4 is medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

Decision rationale: Urine drug screening is recommended as a part of drug monitoring when prescribing opiate medications. California MTUS Chronic Pain Medical Treatment Guidelines support this but does not specify the frequency the urine drug screen is to be performed. Official Disability Guidelines (Official Disability Guidelines) were consulted for the frequency, which recommends testing within six months of initiation of therapy and on a yearly basis thereafter for those at low risk. Those at moderate risk are recommended for point-of-contact screening 2 to 3 times a year and those at high risk are recommended as often as once per month. After review of the received medical records, it is noted that urine drug screens were performed on 07-16-2014, 12-17-2014, and 03-18-2015 which were all negative as there are no opiate medications being prescribed for this injured worker. In addition, there is no documentation regarding the injured worker having any adverse behavior or any explanation as to why an urine drug screens are needed. Therefore, based on the Guidelines and the submitted records, the request for a urine drug screen is not medically necessary.