MAXIMUS Federal Services

Case Number:	CM15-0164221		
Date Assigned:	09/01/2015	Date of Injury:	03/31/2006
Decision Date:	10/20/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/21/2015

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 64-year-old female, who sustained an industrial injury on 3-31-2006. The mechanism of injury is continuous trauma of the upper extremities. The injured worker was diagnosed as having status post right shoulder arthroscopic examination and surgery with decompression, complete tear of the rotator cuff, status post right shoulder arthroscopic decompression, status post bilateral carpal tunnel release, chronic cervical strain and sprain, and left cubital tunnel syndrome, chronic myofascial pain syndrome. Treatment to date has included medications, right shoulder surgery (2-17-2015), and physical therapy. The request is for Motrin, Neurontin, 3-month gym membership with pool, and 4 trigger point injections. Several pages of the medical records have handwritten information, which is difficult to decipher. On 3- 18-2015, she reported improvement of her right shoulder pain with physical therapy. Her right shoulder showed no signs of infection and a well-healed incision site. She had continued tenderness in the right shoulder area. The treatment plan included: continuing physical therapy, continuing home exercises, pain medication, rest, ice, compression, and elevation. She is temporarily very disabled. On 7-2-2015, she reported frequent neck and upper back pain rated 5- 6 out of 10, right shoulder pain rated 5 out of 10 without medications. She indicated a greater than 50% improvement with trigger point injections, and 70-80% improvement with medications, which are reported to allow her to perform activities of daily living. She has a restricted range of motion of the thoracic and cervical spines. The treatment plan included: 4 trigger point injections to the cervical spine area, Motrin, Neurontin, home exercises, gym membership with pool for 3 months. She is on social security disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The CA MTUS indicates that Motrin is a non-steroidal anti-inflammatory drug (NSAID) which is recommended for the shortest period in patients who have moderate to severe pain and with documented functional improvement. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. In this case, she has been utilizing NSAIDs on a long-term basis with noted 70-80% improvement in symptoms. Therefore, the request for Motrin 800 mg #90 with 1 refill is medically necessary.

Neurontin 600 mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS, Gabapentin (Neurontin) is an anti-epilepsy drug (AED). AEDs are recommended for neuropathic pain and post-herpetic neuralgia. Ongoing AEDs should have a ""good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." The documentation of the continued AED should reflect pain relief and improvement in function, along with any side effects from the utilized medication. In this case, the records indicate the request is for a trial of Gabapentin. The injured worker has been taking NSAIDs with partial relief of her symptoms; a trial of gabapentin is appropriate Therefore, the request for Gabapentin Neurontin 600 mg #90 with 1 refill is medically necessary.

3 month gym membership with pool: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, gym membership.

Decision rationale: The CA MTUS does not address gym memberships. The ODG guidelines state that gym memberships are not recommended unless a home exercise program has not been successful and the injured worker needs special equipment. In this particular case, the injured worker is noted to have had some success with physical therapy, and was noted to be continuing on a home exercise program. There is no indication of failure of the home exercise program. Based on the guidelines the request for 3-month gym membership with pool is not medically necessary.

4 trigger point injections: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The CA MTUS states that trigger point injections are recommended only for myofascial pain syndrome with certain criteria. The criteria per the CA MTUS is: "(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." In this case, there is notation of a greater than 50% improvement with previous trigger point injections for more than 6 weeks; however, it is unclear when the previous injections had been given. There is objective evidence of trigger points, which have persisted for more than 3 months; however, she continues on a home exercise program, and is prescribed Motrin and Neurontin. Based on these findings, it is determined that 4 trigger point injections are medically necessary.