

Case Number:	CM15-0184694		
Date Assigned:	09/25/2015	Date of Injury:	06/07/1999
Decision Date:	10/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 male, who sustained an industrial injury on 6-7-99. The injured worker was diagnosed as having Postlaminectomy syndrome of cervical region; pain in joint involving shoulder region; myalgia and myositis unspecified; cervical radiculopathy; myofascial pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-30-15 the provider documents the injured worker complains of "chronic neck pain status post fusion, left shoulder pain with history of shoulder surgery x2, postlaminectomy syndrome. He has significantly improved with trigger point injections." The provider continues "presents for his routine office visit and medications refills. He reports that without medications the pain is 8 out of 10 and with medications is 4-6 out of 10 on the VAS scale. Patient is starting doing chiropractic in Sonoma, with good results. He says he could fall sleep better at night, less pain, he says his shoulder pain has improved." Medications are listed as Percocet 10-325mg. On physical examination, the provider notes "Cervical rotation unable to do on left with 60% restriction on right, flexion normal, unable to do extension. Shoulders: lateral abduction right side is normal, left limited to 90 degrees, internal -external rotation unable on the left - right OK. Neurologic: Weakness in left upper extremity. Deep tendon reflexes upper extremities 1+ bilaterally symmetric. Grip strength equal." The provider's treatment plan included a request for continued coverage of chronic pain medication. An "Addendum" dated 7-31-15 was added to the PR-2 stating "activities of daily living: according to the patient, he is able to light shopping, standing, walking for short time, to household chores within reasonable limit." The PR-2 dated 6-30-15 note the "chief complaint - pain along the left scapular region." The provider documents

"chronic neck pain status post fusion, left shoulder pain with history of shoulder surgery x2, postlaminectomy syndrome. He has significantly improved with trigger point injections (no date)." The documentation continues noting "presents today for his routine office visit and medication refills. He reports without medications the pain is 10 out of 10 and with medications 7-8 out of 10 on the VAS scale. Patient says his left side and left shoulder's function has improved with chiropractor, patients says he is not dropping cups and classes and can sleep better and takes fewer medications. He wants his referral for continuation treatment with chiropractor since he is approved for the treatment." Only medications listed is "Percocet 10-325mg". PR-2 note dated 4-1-15 and 5-1-15 lists "Percocet 10-325mg - START". The PR-2 note dated 4-1-15 requested authorization for trigger point injections for the cervical paraspinal muscles and left trapezius. PR-2 note dated 5-1-15 documents "he has had cervical trigger point injections in the past with benefit 'it was awesome' and would like to have this procedure again. We are re-requesting the trigger point injection for him today." A Request for Authorization is dated 9-13-15. A Utilization Review letter is dated 9-14-15 and non-certification was for 1 Prescription of Voltaren gel 1% tube 25gms, #2 and Unknown Trigger Point Injections between 8-27-15 and 11-8-15. Utilization Review referenced the CA MTUS Guidelines. A request for authorization has been received for 1 Prescription of Voltaren gel 1% tube 25gms, #2 and Unknown Trigger Point Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Voltaren gel 1% tube 25gms, #2: Upheld

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): Topical Analgesics.

Decision rationale: Guidelines state that topical agents are largely experimental and that Voltaren gel is primarily recommended for relief of osteoarthritis pain. In this case, there was no evidence of osteoarthritis pain. The request for topical Voltaren is not medically appropriate and necessary.

Unknown Trigger Point Injections: Upheld

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: Guidelines state that trigger point injections may be used to treat chronic low back or neck pain when documentation of circumscribed trigger points with evidence of a twitch response and referred pain occurs, symptoms persist longer than 3 months, medical

therapies fail and radiculopathy is not present. No more than 3-4 injections per session and no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection which is associated with functional improvement. In this case, there was no documentation of twitch response and referred pain. The request for trigger point injections is not medically necessary.