

Case Number:	CM15-0185314		
Date Assigned:	09/25/2015	Date of Injury:	04/09/2009
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female who sustained an industrial injury April 9, 2009. Past history included left shoulder arthroscopic subacromial decompression March 2010, left shoulder arthroscopic coracoplasty and release of long head of biceps tendon July 2011, right wrist fusion 1996. Diagnoses are documented as injury to shoulder, upper arm (left); neck pain. According to a treating physician's progress report dated August 5, 2015, the injured worker presented for periodic evaluation. She reports that Clonazepam has continued to reduce her anxiety related to pain induced depression and Citalopram has not reduced her depression but she continues to take it daily along with Bupropion. She reported with these medications she has started to clean her house and organize her activities. The physician stated the injured worker will increase Wellbutrin XL to 150mg to twice a day every third day and Wellbutrin XL 150mg daily on the other day. She is currently looking for work now that her pain-induced depression has been treated. She will attempt marijuana oil on her wrist to help reduce pain. She is stretching and walking daily and sleeping 6 hours nightly with 2-3 interruptions for pain. Physical examination revealed; cervical spine range of motion is limited by pain; thoracic spine-tenderness to palpation with taut bands found at trigger points with twitch responses in the left pectoralis minor major biceps coracobrachialis muscles causing radiating pain to the anterior superior chest wall and proximal left arm; first rib and scapula muscle spasm; examination of the left shoulder limited by pain, twitch response, positive Neer's and Hawkin's impingement tests. Treatment plan included to continue medications as prescribed and re-evaluate in four weeks. At issue, is the request for authorization dated August 5, 2015, for neck and shoulder trigger point injections and Clonazepam. A drug screen report dated April 8, 2015, is present in the medical record. According to utilization review dated August 25, 2015, the request for Neck and

Shoulder Trigger Point Injections x (3) sessions, every (6) to (8) weeks for (18) to (24) weeks is non-certified. The request for Clonazepam 0.5mg #30 is non-certified. The request for Citalopram 20mg #30 is certified. The request for Oxycodone 10mg #120 is certified. The request for Bupropion XL 150mg #120 is certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck and Left Shoulder Trigger Point Injection x 3 Sessions, Every 6-8 Weeks for 18-24 Weeks: 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: The patient presents on 08/05/15 with headache, neck pain, with associated depression and anxiety. The patient's date of injury is 04/09/15. Patient is status post left shoulder arthroscopic coracoplasty, and status post left shoulder subacromial decompression in March 2010. The request is for neck and left shoulder trigger point injection x3 sessions, every 6-8 weeks FOR 18-24 weeks. The RFA is dated 08/05/15. Physical examination dated 08/05/15 reveals limited cervical range of motion, tenderness to palpation with taut bands and twitch response in the left pectoralis minor, pectoralis major, biceps, and coracoradialis muscles causing a pain which radiates into the anterior chest all and proximal left arm. The patient is currently prescribed Clonazepam, Wellbutrin, and Oxycodone. Patient is currently not working. MTUS Guidelines, Trigger Point Injections, page 122 states that "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." In regard to the trigger point injections, the provider has specified an excessive course of therapy. Per progress note 08/05/15, the provider notes circumscribed trigger points with twitch response and referred pain, satisfying guideline requirements for one set of injections. However, the provider appears to be requesting ~6 months of regular injections at 6-8 week intervals without first establishing the efficacy of the initial treatment. Were the provider to request one set of injections, leaving open the possibility of repeat injections provided these are effective, the recommendation would be for approval. However, the current request as written is excessive and cannot be substantiated. Furthermore, MTUS guidelines indicate that trigger point injections should only be performed in two month intervals, the request for injections at (potentially) six week intervals does not meet guideline recommendations. Therefore, the request is not medically necessary.

Clonazepam 0.5mg #30: 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): Benzodiazepines.

Decision rationale: The patient presents on 08/05/15 with headache, neck pain, with associated depression and anxiety. The patient's date of injury is 04/09/15. Patient is status post left shoulder arthroscopic coracoplasty, and status post left shoulder subacromial decompression in March 2010. The request is for Clonazepam 0.5MG #30. The RFA is dated 08/05/15. Physical examination dated 08/05/15 reveals limited cervical range of motion, tenderness to palpation with taut bands and twitch response in the left pectoralis minor, pectoralis major, biceps, and coracoradialis muscles causing a pain which radiates into the anterior chest all and proximal left arm. The patient is currently prescribed Clonazepam, Wellbutrin, and Oxycodone. Patient is currently not working. MTUS Guidelines, Benzodiazepines section, page 24 states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative / hypnotic, anxiolytic, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant. Tolerance to anti-convulsant and muscle relaxant effects occurs within weeks." In regard to the request for Clonazepam, the requesting provider has exceeded recommended duration of therapy for this class of medications. This patient has been prescribed Clonazepam since at least 05/06/15, with benefits noted in the subsequent reports. MTUS guidelines do not support the use of this class of medications for long term use owing to risk of dependence and loss of efficacy over time. While this patient presents with multiple chronic pain complaints and anxiety, 30 tablets in addition to prior use exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.