

<b>Case Number:</b>	CM15-0197459		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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

Certification(s)/Specialty: Anesthesiology

### 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 52-year-old male, who sustained an industrial injury on August 29, 2012. He reported injury to his shoulder. The injured worker was diagnosed as having chronic myofascial pain syndrome and chronic left rotator cuff syndrome. Treatment to date has included medications, surgery, transcutaneous electrical nerve stimulation unit, physical therapy, acupuncture and exercises. On September 8, 2015, the injured worker complained of neck and left shoulder pain, especially with overhead activity. Decreased range of motion of the neck and left shoulder was noted in all planes. There was decreased strength of the left shoulder and spasms in the left trapezius. On the day of exam, the current medication regimen included Naprosyn, Flexeril, Neurontin and Lidopro. The treatment plan included physical therapy and medication refills including Voltaren On October 6, 2015, utilization review denied a request for Voltaren XR 100mg #1, Omeprazole 20mg #1, Neurontin 600mg #1, ultrasound guidance quantity of four and TPI left trapezius rhomboid paracervical muscle with 5 cc of 1% lidocaine quantity of four.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100 mg Qty :1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** According to California MTUS Guidelines, oral NSAIDs, such as Diclofenac, are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to the ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. In this case, there is no documentation of objective functional benefit in the past. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Omeprazole 20 mg Qty: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Neurontin 600 mg Qty: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. In this case, there was no documentation of subjective or objective findings consistent with current

neuropathic pain. Neurontin is not recommended for non-neuropathic pain. Therefore, medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

**TPI, left trapezius, rhomboid, paracervical muscle with 5 cc of 1% lidocaine Qty: 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to California MTUS Guidelines, 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 on exam; 5) Not more than 3-4 injections per session; 6) No repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; 7) Frequency should be at an interval less than 2 months; 8) Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. In this case, there was no documentation provided indicating objective functional gains from previous trigger point injections performed on 2/4/2015. Medical necessity for the requested injections has not been established. The requested trigger point injections are not medically necessary.

**Ultrasound guidance Qty: 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested trigger point injections are not medically necessary. Therefore, there is no indication for the use of ultrasound guidance. Medical necessity for the requested item has not been established. The requested ultrasound service is not medically necessary.