

<b>Case Number:</b>	CM15-0198015		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/25/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 51 year old female who sustained an industrial injury on 3-25-15. A review of the medical records indicates she is undergoing treatment for acute and chronic musculoligamentous strain of the lumbar spine with myofascitis and positive trigger points - rule out discogenic disease. She is also being treated for a history of right leg radiculitis and left shoulder impingement syndrome, bursitis, and tendinitis - rule out tear of the cuff. Medical records (9-9-15) indicate complaints of pain in the left shoulder. She reports difficulty with lifting, repetitive pulling and pushing, and with overhead working activities. She also complains of pain in the lumbar spine - paravertebral muscles. The physical exam reveals "significant" pain in the lumbar spine with "positive trigger points" on the left side. Twitch response is positive. Decreased range of motion is noted with "anterior" flexion of the trunk. Tenderness to palpation is noted over the subacromial region of the left shoulder. Neer test is positive. Decreased range of motion is noted of the left shoulder. Diagnostic studies, including an MRI of the left shoulder and an MRI of the lumbar spine are pending completion. An EMG-NCV has been requested, but is pending authorization. The treatment plan is for medications, including Motrin 600mg twice daily and Zantac 150mg twice daily, as well as a trigger point injection, which was administered into the lumbar spine. The utilization review (9-24-15) includes requests for authorization of a lumbar trigger point injection, which was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Trigger Point Injection: Upheld**

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

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

**Decision rationale:** Review indicates the patient underwent recent lumbar TPIs on 7/22/15; however, without noted functional benefit. The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. Guidelines do not recommend repeating the trigger point injections unless there is noted 50% pain relief for duration of at least 6 weeks with documented functional improvement, not demonstrated here. In addition, per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis which are medically contraindicated for TPIs criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Lumbar Trigger Point Injection is not medically necessary and appropriate.

**Zantac 150mg QTY 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Zantac medication is for treatment of the problems associated with active gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hypersecretion diseases such as Zollinger-Ellison syndrome and systemic mastocytosis. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Zantac namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Zantac 150mg QTY 60 is not medically necessary and appropriate.