

Case Number:	CM15-0024088		
Date Assigned:	03/06/2015	Date of Injury:	04/29/2014
Decision Date:	04/09/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 27-year-old female sustained an industrial injury on 4/29/14. She subsequently reports ongoing neck and bilateral upper extremities pain. Diagnoses include bilateral cervical strain, brachial neuritis, strain of bilateral wrist and bilateral carpal tunnel syndrome. Treatments to date have acupuncture, physical therapy, wrist brace, work restrictions and prescription pain medications. The injured worker has undergone MRI and EMG testing. On 1/29/15, Utilization Review non-certified requests for Trigger point injections with 5cc 1% Lidocaine under ultrasound for traps on l rhomboid, and paracervical muscles, quantity: four, Voltaren XR 100mg, Omeprazole 20mg and Urine drug screen. The Trigger point injections with 5cc 1% Lidocaine under ultrasound for traps on l rhomboid, and paracervical muscles, quantity: 4, Voltaren XR 100mg, Omeprazole 20mg and Urine drug screen denials were based on MTUS Chronic Pain guidelines. On 1/29/15, Utilization Review partially certified requests for Neurontin 600mg and Flexeril 7.5mg. The Neurontin and Flexeril were modified to #45 and #90 respectively based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections with 5cc 1% Lidocaine under ultrasound for traps on l rhomboid, and paracervical muscles, quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Trigger point injections with 5cc 1% Lidocaine under ultrasound for traps on 1 rhomboid, and paracervical muscles, quantity: four are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy is not present (by exam, imaging, or neuro-testing). The documentation is not clear that the patient's symptoms are not radicular from his neck therefore trigger point injections are not medically necessary.

Voltaren XR 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Voltaren XR 100mg is not medically necessary per the MTUS Guidelines. The MTUS states that NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe osteoarthritis pain; for acute exacerbations of chronic low back pain: and for short term for chronic low back pain: Voltaren -XR: 100 mg PO once daily is recommended for chronic therapy. Voltaren -XR should only be used as chronic maintenance therapy. The request does not specify a quantity and the MTUS do not recommend this long term therefore this medication is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole 20mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor, as

the NSAID is not medically necessary. Furthermore, the request does not specify a quantity. For these reasons, the request for Omeprazole 20 mg is not medically necessary.

Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: Anti-epilepsy drugs (AEDs) After initiation of Anti-epilepsy drugs (AEDs) such as Neurontin treatment the MTUS states that there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The request as written does not indicate a quantity. The MTUS does not support continued use of AEDs without improved outcomes therefore, this request is not medically necessary.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

Decision rationale: Flexeril 75mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The request does not indicate a quantity. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week period. The request for Flexeril is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening For Risk of Addiction (Tests) and Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Urine drug screen is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that when initiating opioids a urine drug screen can be performed to assess for the use or the presence of illegal drugs. The documentation indicates that the provider wishes to perform a urine drug screen to see if the patient is taking other medications. The guidelines support urine drug screen to check for illegal drugs while the

patient is on opioids. The medical necessity of this request is not met and therefore a urine drug screen is not medically necessary.