

Case Number:	CM15-0027833		
Date Assigned:	02/20/2015	Date of Injury:	01/11/2005
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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: Pennsylvania, Ohio, 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 42 year old female with an industrial injury dated 01/11/2005. Her diagnoses include thoracic outlet syndrome, neuropathic pain, post traumatic migraine. Recent diagnostic testing has included a MRI and MRA of the bilateral upper extremities (10/17/2014) showing multiple findings. Previous treatments have included conservative care, medications, 6 sessions of physical therapy, and surgery. In a progress note dated 04/02/2014, the treating physician reports increased nausea and headache, and increased tightness in the arms with tingling in the fingers (left worse than right). The objective examination revealed significant amount of periscapular atrophy on inspection, otherwise cranial nerve examination was unremarkable. Sensory exam revealed positive neural tension signs despite surgery. Also noted was venous congestion in the bilateral upper extremities, bilateral thoracic outlet syndrome, symptomatic due to weakness and neuropathic pain due to brachial plexus injury, and chronic post traumatic migraine, worse with severe nausea. The treating physician is requesting bilateral myofascial trigger point injections, oxycodone and Frova which were denied by the utilization review. On 02/02/2015, Utilization Review non-certified a request for bilateral myofascial trigger point injections, noting that there was no documented objective evidence of functional deficits in order to support the requested treatment. The MTUS Guidelines were cited. On 02/02/2015, Utilization Review non-certified a prescription for oxycodone 2.5mg, noting that the clinical documentation does not reflect the presence/absence of any current objective evidence of functional deficits in order to support the requested treatment. The MTUS Guidelines were cited. On 02/02/2015, Utilization Review non-certified a prescription for Frova, noting that the clinical

documentation does not reflect the presence/absence of any current objective evidence of functional deficits in order to support the requested treatment. The ODG Guidelines were cited. On 02/13/2015, the injured worker submitted an application for IMR for review of bilateral myofascial trigger point injections, oxycodone 2.5mg, and Frova.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral myofascial trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS recommends trigger point injections based on specific clinical criteria, including documentation of circumscribed trigger points with a twitch response as well as failure to respond to specific first-line treatment and absence of radiculopathy. The records in this case do not clearly document trigger points as defined in MTUS and an alternate rationale has not been provided. This request is not medically necessary.

Oxycodone 2.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Frova: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/Triptans.

Decision rationale: ODG recommends the use of oral triptans for migraine headaches; the guideline does not express a preference for a particular triptan over another. An initial physician review recommended non-certification of this request due to lack of documentation of functional goals/benefits of this treatment. However, the treatment guidelines do not require functional improvement to support benefit from triptans; rather, subjective report of pain relief is acceptable to document benefit. In this case the records discuss patient reports of improvement in ADLs as well as patient reports of significant improvement in migraine headaches with this medication. Given this rationale, the records and guidelines do support this request as medically necessary.