

Case Number:	CM15-0027956		
Date Assigned:	02/20/2015	Date of Injury:	05/27/2014
Decision Date:	03/31/2015	UR Denial Date:	02/12/2015
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: 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 59 year old female, who sustained an industrial injury on May 27, 2014. The diagnoses have included neck whiplash injury, trapezius and shoulder muscle strain. Treatment to date has included home exercise program, medication and trigger point injections. Currently, the injured worker complains of neck and left shoulder pain. She reports that medications help alleviate the pain and a previous trigger point injection allowed for 30% pain relief for 10 days. She continues to engage in a home exercise program with stretching and daily walking. On examination, her cervical spine range of motion is restricted and she has mild tenderness at the left C3-C6 facet with radiation of paresthesias to the left arm. She has mild spasms over the trapezius muscles bilaterally and moderate spasms at the levator scapular, rhomboid attachment to scapular and pectorals attachment to the anterior shoulder. On February 12, 2015 Utilization Review non-certified a request for of trigger point injections and Pennsaid 2% (pump) #1 and modified a request for cyclobenzaprine 5 mg #30, noting that trigger point has a specific diagnostic description to qualify as a trigger point and such is not the case and noting that Pennsaid is used for osteoarthritis involving the knee which is not the case with the injured worker; with regard to Cyclobenzaprine, the request was modified to allow for weaning of the medication.. The California Medical Treatment Utilization Schedule was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of trigger point injections, #6, cyclobenzaprine 5 mg #30 and Pennsaid 2% (pump) #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 5 mg, thirty count is not medically necessary and appropriate.

Pennsaid 2% (pump), quantity of one: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com/Pennsaid

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: PENNSAID (diclofenac sodium topical solution) is a nonsteroidal anti-inflammatory drug (NSAID) indicated for the treatment of signs and symptoms of osteoarthritis of the knee(s). Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Pennsaid solution over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Medical necessity for topical Pennsaid has not been established. The is not medically necessary and appropriate.

Trigger point injections (deep cervical fascia of the muscle bellies, bil traps, splenius, levator), quantity of six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: Examination noted decreased range of motion and spasm; however, there is no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. 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. 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, evaluation identified radicular symptoms which are medically contraindicated for TPI's criteria. Per MTUS Chronic Pain Treatment Guidelines, criteria for the use of Trigger point injections also include no repeat injections unless there is a greater than 50% pain relief obtained for at least six weeks after an injection and there is documented evidence of functional improvement, none of which are apparent here. The patient has no report of pain relief nor are there any increased daily activities and function or decrease in medication dosing for this chronic injury. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injections (deep cervical fascia of the muscle bellies, bil traps, splenius, levator), quantity of six is not medically necessary and appropriate.