

Case Number:	CM15-0221936		
Date Assigned:	11/17/2015	Date of Injury:	11/22/2013
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/11/2015

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, Hawaii
 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 35 year old male, who sustained an industrial injury on 11-22-13. The injured worker was diagnosed as having medial epicondylitis, injury of finger, pain in shoulder joint, spasm of muscles, and derangement of shoulder region. Treatment to date has included left shoulder corticosteroid injections, physical therapy, a home exercise program, and medication including Anaprox, Prilosec, and Ultracet. The injured worker had been taking Prilosec since at least April 2015. On 9-30-15, the injured worker complained of left small finger pain rated as 5 of 10, left hand pain with radiation to the wrist and left arm rated as 3-7 of 10, left elbow pain with radiation to the left shoulder rated as 3-5 of 10, and left shoulder pain with radiation to the neck rated as 4-7 of 10. The treating physician requested authorization for retrospective 4 trigger point injection with 10ml of 25% Bupivacaine on 9-29-15 and retrospective Prilosec 20mg #60 on 9-29-15. On 10-19-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 4 Trigger Point Injection with 10cc of 25% Bupivacaine, between 9/29/2015 and 9/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: CA MTUS states the criteria for trigger point injections are: 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 (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004) In this case, the PTP appears to be providing trigger point injections to the IW at intervals less than two months. 50% pain relief is documented after the injection but the medical records do not specify the duration of pain relief. The criteria for trigger point injections have not been met and, therefore, the request is not medically necessary.

Retrospective Request Prilosec 20 mg # 60 Between 9/29/2015 and 9/29/2015: Overturned

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, GI symptoms & cardiovascular risk.

Decision rationale: The IW presents with medial epicondylitis and shoulder pain. His medication regimen includes Anaprox DR, Prilosec, Ultracet and medical marijuana. The main medication taken is Anaprox. The IW occasionally experiences medication induced gastritis that is relieved with Prilosec. MTUS states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The IW has documented history of gastritis made worse by medications. The request is medically necessary.