

<b>Case Number:</b>	CM15-0031076		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 35-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and upper back pain reportedly associated with an industrial injury of January 18, 2010. In a utilization review report dated January 30, 2015, the claims administrator failed to approve a request for trigger point injections, an associated office visit, tramadol, and topical diclofenac. The claims administrator referenced a progress note and associated RFA form of January 22, 2015 in its determination. The applicant's attorney subsequently appealed. On January 22, 2015, the applicant reported ongoing complaints of neck and shoulder pain with posttraumatic headaches. The applicant was working full-time, it was suggested. The applicant was using Voltaren for neck and shoulder pain, it was suggested. In another section of the note, it was stated that the applicant's medication list included glyburide, metformin, cyclobenzaprine, Ultracet, and topical diclofenac. The applicant was severely obese, with a BMI of 43. Tenderness about the trapezius region with palpable trigger points were noted. Multiple medications were refilled, including tramadol-acetaminophen, glyburide, metformin, diclofenac gel, and cyclobenzaprine. Trigger point injections and a shoulder corticosteroid injection were endorsed. It was stated that the applicant was considering shoulder surgery. The attending provider stated that the applicant did have myofascial pain complaints, had had trigger point injections some one year prior, and had responded favorably to the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections (upper trapezius and shoulder girdle) x 3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

**Decision rationale:** Yes, the proposed trigger point injections were medically necessary, medically appropriate, and indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat trigger point injections should be based on documented evidence of functional improvement with earlier blocks. Here, the attending provider suggested that a previous set of trigger point injections some one year prior was beneficial. The attending provider stated that the applicant had developed a recurrence of myofascial pain complaints about the trapezius and cervical paraspinal region. The applicant as having maintained full-time work status following receipt of earlier trigger point injections did, moreover, constitute prima facie evidence of functional improvement as defined in MTUS 9792.20(f) achieved as a result of the same. Moving forward with a set of repeat injections, thus, was indicated. Therefore, the request was medically necessary.

**Tramadol HCL Acetaminophen #120 x 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol acetaminophen (Ultracet), a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently returned to and/or maintained full-time work status with ongoing medication consumption, including ongoing tramadol-acetaminophen consumption. Ongoing tramadol-acetaminophen consumption has facilitated the applicant's ability to perform home exercises. The applicant, the treating provider has reported, did derive appropriate analgesia with the same. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Diclofenac Sodium 3%: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** Conversely, the request for diclofenac gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators are, in fact, the cervical spine and shoulder, i.e., widespread reasons which are (a) not easily amenable to topical application and (b) body parts for which topical diclofenac has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Office visit to administer trigger point injections:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Finally, the request for an office visit to administer trigger point injections was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" for monitoring or reassurance purposes, even though the applicants whose conditions are not expected to change appreciably from visit to visit. Here, it was further noted that the primary request for a trigger point injection was approved, above. Thus, the derivative or companion request for an associated office visit to administer the injection in question was likewise indicated. Therefore, the request was medically necessary.