

Case Number:	CM15-0039626		
Date Assigned:	03/10/2015	Date of Injury:	01/01/2005
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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(n) 43 year old female, who sustained an industrial injury on 1/1/05. She reported pain in the neck, back and bilateral upper extremities related to cumulative trauma. The injured worker was diagnosed as having complex region pain syndrome of the bilateral upper extremities, thoracic outlet syndrome and cervical degenerative disc disease. Treatment to date has included trigger point injections, oral and topical pain medications, acupuncture and EMG/NCV studies. As of the PR2 dated 2/2/15, the injured worker reports a 50% increase in range of motion of her neck following the trigger point injection she received last month. She also indicated that she uses Biofreeze gel several times a day in conjunction with Lidocaine. The treating physician noted cervical range of motion is limited by muscle spasms and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to Trapezius, Levator Scapula and Rhomboid Muscles - Increase Freq to 1 to 3 Weeks Apart: Upheld

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 trigger point injections 174-175.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant has had prior injections indicating short-term benefit. The request for trigger point injections of the Trapezius Sacpula, Rhomboid is not medically necessary.

Biofreeze 10 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Biofreeze contains Menthol. There is lack of evidence to support the use of Menthol for chronic pain. Topical analgesics are not indicated for chronic use. The continued use of Biofreeze is not supported by scientific evidence and is not medically necessary.