

Case Number:	CM15-0052403		
Date Assigned:	03/25/2015	Date of Injury:	02/28/2003
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47-year-old male sustained an industrial injury low back and left shoulder on 2/28/03. Previous treatment included magnetic resonance imaging, lumbar surgery, three shoulder surgeries, physical therapy, transcutaneous electrical nerve stimulator unit, psychological care, lumbar radiofrequency ablation, epidural steroid injections, spinal cord stimulator trial and medications. The injured worker underwent left shoulder total joint replacement on 10/24/14 followed by postoperative physical therapy. In a PR-2 dated 3/4/15, the injured worker complained of persistent left shoulder and cervical spine pain, rated 7/10 on the visual analog scale with muscle spasms, muscle tightness and left arm weakness. Physical exam was remarkable for left shoulder with diffuse tenderness to palpation with palpable bands, spasms and positive twitch response, lumbar spine with bilateral lumbar paraspinal musculature tenderness to palpation, spasms, limited range of motion and positive straight leg raise. Current diagnoses included status post left shoulder total arthroplasty, left shoulder pain, chronic severe traumatic arthritis of the left shoulder, chronic low back pain status post lumbar fusion and hardware removal, lumbar failed back syndrome, chronic pain syndrome, anxiety, depression, compensatory left knee pain, history of elevated liver enzymes and myofascial pain. The treatment plan included a re-trial of Dilaudid, 4-trigger point injection to left levator scapulae and rhomboid areas, continuing home exercise, continuing physical therapy, continuing transcutaneous electrical nerve stimulator unit and medications (Neurontin, Omeprazole, Pristiq, Lidoderm patches and Trazadone).

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger Point Injection to Left Levator Scapulae and Rhomboid Areas: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for neck and left shoulder pain. When seen by the treating provider, there were trigger points in the levator scapula and rhomboid muscles with positive twitch responses and palpable muscle bands. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of referred pain is not documented and therefore trigger point injections are not medically necessary.

Dilaudid 2mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Opioids, criteria for use, Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for neck and left shoulder pain. When seen by the treating provider, there were trigger points in the levator scapula and rhomboid muscles with positive twitch responses and palpable muscle bands. Norco had been discontinued due to side effects. Dilaudid was prescribed at a total MED (morphine equivalent dose) of 24 mg per day. Dilaudid (hydromorphone) is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management after discontinuing Norco as described above. The total MED prescribed is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Dilaudid was medically necessary.