

Case Number:	CM15-0066286		
Date Assigned:	06/05/2015	Date of Injury:	10/21/1999
Decision Date:	07/09/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/07/2015

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:

This 62-year-old female sustained an industrial injury on 10/21/99. She subsequently reported neck, shoulder and wrist pain. Diagnoses include impingement left shoulder, cervical disc degenerative disc disease, facet arthropathy and cervicgia. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck, left shoulder and left arm pain. Upon examination, severe spasm and spasticity to palpation was noted in the left shoulder musculature. Decreased cervical and left shoulder range of motion was noted the left wrist was painful with palpation under the medial and lateral compartments. Neer's and Hawkin's tests were positive in the left. The treating physician made a request for Misoprostol, 1 ultrasound, 1 trigger point injection of toradol and 1 trigger point steroid or toradol injection to the left wrist and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger point steroid or toradol injection to the left wrist and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injection Ketorolac Page(s): 122, 72.

Decision rationale: Based on the 01/19/15 progress report provided by treating physician, the patient presents with pain to neck with numbness and tingling to left hand and wrist, and left shoulder pain, rated 6/10. The request is for 1 TRIGGER POINT STEROID OR TORADOL INJECTION TO THE LEFT WRIST AND LEFT SHOULDER. RFA not provided. Patient's diagnosis on 01/19/15 and 04/10/15 included cervical discs, degenerative disc disease; facet arthropathy; cervicgia; impingement of left shoulder; left shoulder bursitis, tendonitis, and tendinopathy; left wrist deQuervain's syndrome; and bilateral carpal tunnel syndrome. Physical examination to the cervical spine on 01/19/15 revealed positive Spurling's and Foraminal Compression tests on the left. Examination of the left shoulder revealed pain with swelling along the supraspinatus tendon and spastic upper trapezius muscle. Positive Neer's and Hawkin's tests. Examination of the left wrist revealed pain under the medial and lateral compartments. EMG/NCV dated 03/13/14, per 04/10/15 report showed abnormal study indicative of carpal tunnel syndrome. Treatments to date included imaging and electrodiagnostic studies, injections, physical therapy and medications. Patient's medications include Misoprostol, Ibuprofen, Bupropion, Naproxen, Omeprazole, Tramadol, Orphenadrine, Gabapentin and Norvasc. Patient's work status not provided. Treatment reports were provided from 12/02/14 - 04/10/15. The MTUS Guidelines, on page 122, state that "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." MTUS states on pg. 72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." Per 01/19/15 report, treater states "I am requesting trigger point injections to the left upper trapezius muscle, when necessary not to exceed 3 over 3 months period with Toradol, 1% lidocaine, and 10 mg Kenalog. The patient also had improvement with steroid injections to the left shoulder. I have not injected the extensor pollicis longus, which may also improve her pain in the wrist. The patient will have significant relief with a steroid/toradol injection to her extensor polices longus, median nerve, and left shoulder." However, the patient does not meet the MTUS criteria for trigger point injections. MTUS guidelines indicate that radiculopathy must not be present in order for trigger point injections to be considered medically appropriate. Furthermore, there is no mention of twitch response or referred pain on physical examination. This patient does not meet the criteria for trigger point injections. Regarding Toradol injection portion of request, treater does not discuss why the patient needs Toradol injection as opposed to

taking an oral NSAID, which provides comparable levels of analgesia. Treater does not indicate that the current injection request is for an acute episode of pain, either. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

1 Trigger point injection of toradol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injection Ketorolac Page(s): 122, 72.

Decision rationale: Based on the 01/19/15 progress report provided by treating physician, the patient presents with pain to neck with numbness and tingling to left hand and wrist, and left shoulder pain, rated 6/10. The request is for 1 TRIGGER POINT INJECTION OF TORADOL. RFA not provided. Patient's diagnosis on 01/19/15 and 04/10/15 included cervical discs, degenerative disc disease; facet arthropathy; cervicalgia; impingement of left shoulder; left shoulder bursitis, tendonitis, and tendinopathy; left wrist deQuervain's syndrome; and bilateral carpal tunnel syndrome. Physical examination to the cervical spine on 01/19/15 revealed positive Spurling's and Foraminal Compression tests on the left. Examination of the left shoulder revealed pain with swelling along the supraspinatus tendon and spastic upper trapezius muscle. Positive Neer's and Hawkin's tests. Examination of the left wrist revealed pain under the medial and lateral compartments. EMG/NCV dated 03/13/14, per 04/10/15 report showed abnormal study indicative of carpal tunnel syndrome. Treatments to date included imaging and electrodiagnostic studies, injections, physical therapy and medications. Patient's medications include Misoprostol, Ibuprofen, Bupropion, Naproxen, Omeprazole, Tramadol, Orphenadrine, Gabapentin and Norvasc. Patient's work status not provided. Treatment reports were provided from 12/02/14 - 04/10/15. The MTUS Guidelines, on page 122, state that "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." MTUS states on pg. 72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." Per 01/19/15 report, treater states, "I am requesting trigger point injections to the left upper trapezius muscle, when necessary not to exceed 3 over 3 month's period with Toradol, 1% lidocaine, and 10 mg Kenalog. The patient also had improvement with steroid injections to the left shoulder. I have not injected the extensor pollicis longus, which

may also improve her pain in the wrist. The patient will have significant relief with a steroid/toradol injection to her extensor polices longus, median nerve, and left shoulder." However, the patient does not meet the MTUS criteria for trigger point injections. MTUS guidelines indicate that radiculopathy must not be present in order for trigger point injections to be considered medically appropriate. Furthermore, there is no mention of twitch response or referred pain on physical examination. This patient does not meet the criteria for trigger point injections. Regarding Toradol injection portion of request, treater does not discuss why the patient needs Toradol injection as opposed to taking an oral NSAID, which provides comparable levels of analgesia. Treater does not indicate that the current injection request is for an acute episode of pain, either. This appears to be a repeat request without indicating location of the injection. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

1 Ultrasound: 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 Official disability guidelines Shoulder (Acute & Chronic) Chapter under Ultrasound, therapeutic Forearm, Wrist, & Hand (Acute & Chronic) Chapter under Ultrasound (therapeutic).

Decision rationale: Based on the 01/19/15 progress report provided by treating physician, the patient presents with pain to neck with numbness and tingling to left hand and wrist, and left shoulder pain, rated 6/10. The request is for 1 ULTRASOUND. RFA not provided. Patient's diagnosis on 01/19/15 and 04/10/15 included cervical discs, degenerative disc disease; facet arthropathy; cervicgia; impingement of left shoulder; left shoulder bursitis, tendonitis, and tendinopathy; left wrist deQuervain's syndrome; and bilateral carpal tunnel syndrome. Physical examination to the cervical spine on 01/19/15 revealed positive Spurling's and Foraminal Compression tests on the left. Examination of the left shoulder revealed pain with swelling along the supraspinatus tendon and spastic upper trapezius muscle. Positive Neer's and Hawkin's tests. Examination of the left wrist revealed pain under the medial and lateral compartments. EMG/NCV dated 03/13/14, per 04/10/15 report showed abnormal study indicative of carpal tunnel syndrome. Treatments to date included imaging and electrodiagnostic studies, injections, physical therapy and medications. Patient's medications include Misoprostol, Ibuprofen, Bupropion, Naproxen, Omeprazole, Tramadol, Orphenadrine, Gabapentin and Norvasc. Patient's work status not provided. Treatment reports were provided from 12/02/14 - 04/10/15. ODG-TWC, Shoulder (Acute & Chronic) Chapter under Ultrasound, therapeutic states: "Recommended as indicated below. The evidence on therapeutic ultrasound for shoulder problems is mixed. (Philadelphia, 2001) Ultrasound provided clinically important pain relief relative to controls for patients with calcific tendonitis of the shoulder in the short term. (Ebenbichler-NEJM, 1999) But the evidence does not support use of ultrasound for other conditions of the shoulder." ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter under Ultrasound (therapeutic) states: "Not recommended. In a Cochrane Database review, there was only weak evidence of a short-term benefit of therapeutic ultrasound for distal radial

fractures.” (Handoll-Cochrane, 2002) Per 01/19/15 report, treater states, "I am requesting trigger point injections to the left upper trapezius muscle, when necessary not to exceed 3 over 3 months period with Toradol, 1% lidocaine, and 10 mg Kenalog. Ultrasound treatments after the injections may help reduce the muscle spasm and pain." However, guidelines do not support therapeutic ultrasound for the wrist. Furthermore, therapeutic ultrasound would be indicated for calcific tendonitis of shoulder, which the patient does not present with. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Misoprostol 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) Chapter under Arthrotec (diclofenac/misoprostol).

Decision rationale: Based on the 01/19/15 progress report provided by treating physician, the patient presents with pain to neck with numbness and tingling to left hand and wrist, and left shoulder pain, rated 6/10. The request is for MISOPROSTOL 100MG. RFA not provided. Patient's diagnosis on 01/19/15 and 04/10/15 included cervical discs, degenerative disc disease; facet arthropathy; cervicalgia; impingement of left shoulder; left shoulder bursitis, tendonitis, and tendinopathy; left wrist deQuervain's syndrome; and bilateral carpal tunnel syndrome. Physical examination to the cervical spine on 01/19/15 revealed positive Spurling's and Foraminal Compression tests on the left. Examination of the left shoulder revealed pain with swelling along the supraspinatus tendon and spastic upper trapezius muscle. Positive Neer's and Hawkin's tests. Examination of the left wrist revealed pain under the medial and lateral compartments. EMG/NCV dated 03/13/14, per 04/10/15 report showed abnormal study indicative of carpal tunnel syndrome. Treatments to date included imaging and electrodiagnostic studies, injections, physical therapy and medications. Patient's medications include Misoprostol, Ibuprofen, Bupropion, Naproxen, Omeprazole, Tramadol, Orphenadrine, Gabapentin and Norvasc. Patient's work status not provided. Treatment reports were provided from 12/02/14 - 04/10/15. ODG-TWC, Pain (chronic) Chapter under Arthrotec (diclofenac/ misoprostol) states: "...In the treatment of NSAIDs induced ulcers, omeprazole has proved to be at least as effective as misoprostol, but significantly better tolerated, and therefore misoprostol should not be considered a first choice treatment. (FDA, 2011)" Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Misoprostol has been included in patient's medications, per progress reports dated 12/02/14, 01/06/15, and 01/19/15. Per 01/06/15 report, treater states "Misoprostol twice a day as a gastric protectant against Ibuprofen." In this case, treater does not explain why this medication was chosen over first-line treatments. There are no discussions of gastric problems or diagnosis of medication-induced gastritis. There is no documented GI assessment to warrant a prophylactic use of a PPI, either. Additionally, treater

has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.