

Case Number:	CM13-0005962		
Date Assigned:	12/18/2013	Date of Injury:	10/18/2007
Decision Date:	02/10/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 62-year-old female with a 10/18/07 industrial injury claim. She has been diagnosed with: Chronic pain due to trauma; lateral epicondylitis; depression; insomnia; right trigger thumb; adjustment disorder with anxiety; myalgia and myositis. The IMR application shows a dispute with the 7/15/13 UR decision, The 7/15/13 UR decision is from [REDACTED], and is denying use of Ibuprofen 600mg #90 with 4 refills and trigger point injections (TPI) x3. The 7/2/13 pain management report shows the request for TPI were for the left upper trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90 with 4 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

Decision rationale: The MTUS Chronic Pain Guidelines has a section for anti-inflammatory medications which states "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the

effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." According to the medical records provided for review, the patient has chronic pain and with the current medications was able to decrease pain levels from 7/10 to 5/10 and improved function and quality of life scores. Ibuprofen appears to be beneficial according to the medical reporting. The request for Ibuprofen 600mg #90 with 4 refills is medically necessary and appropriate.

Trigger point injection x3: 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.

Decision rationale: The 7/2/13 report included in the medical records provided for review states that "active trigger points" were found in the patient's upper trapezius muscle. The MTUS Chronic Pain Guidelines' criteria for trigger point injections include, "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." From the reporting, it is not completely clear if the physician's "active trigger points" met the criteria of a twitch response and referred pain, but the patient appears to clearly meet the rest of the criteria. The last trigger point injection was over 6-months ago. It relieved the burning and pinching pain, eliminated headaches, and made it easier for the patient to turn her head, which lead to an improvement in driving ability. It was reported that the relief from the last trigger point injection lasted 3 months. The physician did state he identified trigger points. The request appears to be in accordance with the MTUS Chronic Pain Guidelines. The request for three trigger point injections is medically necessary and appropriate.