

Case Number:	CM14-0118590		
Date Assigned:	09/16/2014	Date of Injury:	02/18/2009
Decision Date:	10/22/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/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:

The patient is a 61 year old female sustained an injury to her right upper extremity while performing her usual and customary work related job duties on 02/18/2009. Prior treatment history has included ice, elevation, and compression. Prior medication history included Topamax, Dolgic Plus, Norco, Estradiol, and Xanax. Progress report dated 06/17/2014 documented the patient to have complaints of right shoulder, low back, and knee and neck pain. She reported, despite her modifications with activity, her pain continues to worsen. She reported without medications her pain is 8/10 and with medications a 5/10. On exam, there is tenderness to palpation of the paraspinals and a small mass on the border of the scapula that may represent a lymph node and will be assessed by PCP (primary care physician). Range of motion revealed forward flexion to 40 degrees; right lateral flexion to 30 degrees; left lateral flexion to 30; hyperextension to 55; right lateral rotation to 60 and left lateral rotation to 60. The patient has tenderness over the medial joint line and suprapatellar region and limited range of motion. The right elbow revealed tenderness to palpation. The patient is diagnosed with degeneration of the cervical intervertebral disc, severe headache, and reflex sympathetic dystrophy of the upper limb. She was recommended to apply a compound cream to her affected areas and recommended for ultrasound guided trigger point injections. Prior utilization review dated 07/17/2014 states the request for Ultrasound guided trigger point injections; and Specialty compound #2 apply 1-2 grams to affected area 3-4 times per day #240 gram X1 is not certified as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections, Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Injections

Decision rationale: The above MTUS guidelines regarding trigger point injections states "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)." The above ODG guidelines regarding epicondylitis injections states "Not recommended as a routine intervention for epicondylitis, based on recent research. In the past, a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor." In this case, there is no documentation of circumscribed trigger points with twitch response if it is indeed a trigger point injection that was intended to be requested. Also, there are no documented extenuating circumstances to merit a trial of epicondylitis injections as it is "not recommended as a routine intervention for epicondylitis" per guidelines, only stating in note from 6/17/14 "cold weather is causing her increased pain in her right arm... RIGHT ELBOW: TTP over medial epicondyle with burning pain down her arm." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Specialty compound #2 apply 1-2 grams to affected area 3-4 times per day #240 gram X1:
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): 111-113.

Decision rationale: The above MTUS guidelines regarding topical analgesics states "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." Regarding NSAID cream it states "It has not been evaluated for treatment of the spine, hip or shoulder." In this case, there is no specification of what this specialty cream consists of. There is no documentation of neuropathic pain with failed antidepressants and anticonvulsants. Given the diagnoses of cervical intervertebral disc, severe

headache, and reflex sympathetic dystrophy of the upper limb, a common component of NSAIDs within creams would not be indicated as NSAID cream is not been evaluated for spine, headaches, or RSD. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.