

Case Number:	CM14-0125038		
Date Assigned:	08/27/2014	Date of Injury:	03/11/2014
Decision Date:	09/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 26-year-old female who reported an injury on 03/11/2014 due to a motor vehicle accident where she was struck in the passenger side. The injured worker had a history of ongoing and increasing pain to the thoracic spine region. The injured worker had a diagnosis of chest wall strain, myofascial pain syndrome, and thoracic lumbar scoliosis. The medications included cyclobenzaprine HCl 10 mg, naproxen, tramadol, Klonopin, and Zyprexa. The diagnostics included an MRI and x-ray. The objective findings dated 07/02/2014 of the thoracic spine included sensory exam was normal; prominent right latissimus dorso and perithoracic muscular scoliosis; without patient tenderness to the T5-6, and right perithoracic tenderness and trigger points. The sensory to pin, decreased right T5, decreased right T6, decreased right T7, and decreased right T8. The past treatments included physical therapy, medication, and trigger point injections. The treatment plan included the patient not to operate a motor versus, medication, followup office visit, trigger point injections x3, and topical cream. The Request for Authorization dated 07/08/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visits x 2 for the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

Decision rationale: The Official Disability Guidelines recommend as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The documentation did not warrant any special circumstances that require additional visits. As such, the request for Follow up office visits x 2 for the thoracic spine is not medically necessary.

Trigger point injections x 3, three or more muscle groups, bilateral parathoracic musculature: Upheld

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 Page(s): 121, 122.

Decision rationale: The California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. As such, the request is not medically necessary. The physical therapy notes indicate that "pt notes she feels better overall, especially this week". The guidelines state failed conservative treatment. The injured worker rates her pain a 5/10. As such, the request for Trigger point injections x 3, three or more muscle groups, bilateral parathoracic musculature is not medically necessary.

BCFKLH topical cream (Bactofen 2%, Cyclobenzaprine 2%, Flurbiprofen 15%, Lidocaine 5%, Hyaluronic Acid 0.2% 120 grams) with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are 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. The compound also included topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. As such, the request for BCFKLH topical cream (Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 15%, Lidocaine 5%, Hyaluronic Acid 0.2% 120 grams) with 5 refills is not medically necessary.