

Case Number:	CM14-0130820		
Date Assigned:	08/20/2014	Date of Injury:	02/28/2010
Decision Date:	09/19/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/15/2014

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, 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 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 50-years old male with an injury date on 02/28/2010. Based on the 07/16/2014 hand written progress report provided by [REDACTED] the diagnoses are: 1. Myofascial pain syndrome. 2. Strain cervical spine. 3. Rotator cuff syndrome left. 4. Status/Post left shoulder. According to this report, the patient complains of neck pain and left shoulder pain. Physical exam reveals decreased cervical range of motion. Left shoulder range of motion is decreased by 10%, positive left trapezius trigger points. The 07/01/2014 report indicates positive cervical facet joint and tenderness over the C4-C5, C5-C6, and C6-C7 joint on the right. There were no other significant findings noted on this report. The utilization review denied the request on 07/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/04/2014 to 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections x 4 to left Trapezius Muscles using 5cc 1% Lidocaine Under Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

Decision rationale: According to the 07/16/2014 report by [REDACTED] this patient presents with neck pain and left shoulder pain. The physician is requesting trigger point injections x4 to the left trapezius muscles using 5cc 1% lidocaine under ultrasound. Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, the physician lists a diagnosis of myofascial pain but the examination does not show trigger points with taut band and referred pain pattern as required by the MTUS guidelines. Therefore, the Trigger Point Injections x 4 to left Trapezius Muscles using 5cc 1% Lidocaine under Ultrasound is not medically necessary.

Omeprazole 20mg # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs- GI symptoms and Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 07/16/2014 report by [REDACTED] this patient presents with neck pain and left shoulder pain. The physician is requesting Omeprazole 20mg #100. The MTUS Guidelines state omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA (acetylsalicylic acid), history of PUD (Peptic Ulcer Disease), gastritis, etc. Review of reports show the patient is on Voltaren. However, the report does not show that the patient has gastrointestinal side effects with medication. Furthermore, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Therefore, the Omeprazole 20mg # 100 is not medically necessary.