

<b>Case Number:</b>	CM14-0131054		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/21/1991
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Nevada. 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 records presented for review indicate that this 57 year-old individual was reportedly injured on November 21, 1991. The most recent progress note, dated March 10, 2014, indicates that there were ongoing complaints of fibromyalgia, back pain, muscle aches, stiffness, fatigue, and joint pain. The physical examination demonstrated an individual who is 5 feet tall and 195 pounds, in no acute distress, with tenderness to palpation of the paraspinal cervical muscles with limited range of motion, approximately 50% decreased. There was also tenderness in the thoracolumbar region with tight paraspinal muscles. Musculoskeletal exam shows crepitus, drilling tenderness, and positive Hawkins sign to bilateral shoulders, with 50% decreased range of motion to the right shoulder and approximately 30% decrease range of motion in the left shoulder, with decreased strength bilaterally. There was tenderness to palpation of the lateral epicondyle of the right elbow, with 16/18 tender points. Diagnostic imaging studies were not included for review. Previous treatment includes multiple medications, topical preparations, nutrients, and physical therapy. Requests have been made for a follow-up office visit every 3 to 4 months, lab work to rule out toxicity of medication (including assay of vitamin D, blood folic acid serum, assay of ferritin, vitamin B-12, assay of total testosterone, assay of sex hormone globulin, and assay of GGT), trigger point injections needed every one to two months, Toradol 60 mg IM injections for pain when necessary, physical therapy for shoulder and myalgias (1 to 2 times per week for four weeks), Prozac 60 mg per day, Voltaren gel 1%, 4 g, and orthopedic follow-up and continue treatment, and were not certified in the pre-authorization process on July 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow Up Visits every 3-4 Months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): electronically cited.

**Decision rationale:** When noting the date of injury, the injury sustained, and the progress of presented for review each additional follow-up evaluation is to be based on the clinical indications. The progress notes do not indicate a need for an indefinite follow-up evaluation on a quarterly basis. Therefore, there is insufficient clinical information presented to support this request. This is not medically necessary.

**Labs to Rule out Toxicity of Medications: Assay of Vitamin D, Blood Folic Acid Serum, Assay of Ferritin, Vitamin B-12, Assay of Total Testosterone, Assay of Sex Hormone Globul, Assay of GGT:** 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 Page(s): 70 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.mayoclinic.org/diseases-conditions/vitamin-deficiency-anemia/basics/causes/con-20019550>. (Electronically Cited).

**Decision rationale:** While the MTUS/ACOEM practice guidelines do not address routine laboratory testing for kidney or liver function, the ODG supports labs for periodic monitoring of the CBC and chemistry profile when a patient is taking NSAIDs or acetaminophen for a long period of time. However, the laboratory tests that have been requested are not utilized in this manner, and therefore are not medically necessary. A Vitamin D level will monitor for deficiency or toxicity, which is normally diet related, not a result of an industrial accident, and therefore is not medically necessary. Vitamin B12 deficiency can be diet related, due to gastritis, or pernicious anemia, but again, is not a consequence of the original injury and is not medically necessary. Folic acid deficiencies can be caused by certain medications, however there is no documentation to suggest that the patient is taking any of these medication, and therefore no indication monitoring folic acid levels, and this request is medically unnecessary. Abnormal ferritin levels can be due to many different sources, but the documentation provided for review does not demonstrate any signs or symptoms that would indicate necessary testing, as such, this test is not considered medically necessary. Additionally, the MTUS guidelines recommend routine testing of testosterone levels in men taking long-term, high-dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism. This patient is a female, as such, the requested laboratory value for testosterone level is not medically necessary.

Furthermore, sex hormone binding globulin levels can be abnormal due to many pathologies, but is no documentation of any signs or symptoms that it suggests an abnormality, and this test is considered not to be medically necessary. GGT is a marker used to evaluate for liver disease, which can occasionally be due to chronic medication use. However, the clinician fails to document any physical exam findings that would suggest this scenario or whether the patient is taking oral medications for long-term use. Therefore, this test is also medically unnecessary.

**Trigger Point Injections needed every 1-2 months: 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): 122 of 127..

**Decision rationale:** CA MTUS treatment guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Furthermore, the record provides clear evidence of diffuse back pain that has actually improved with conservative measures, such as physical therapy. Based on the information provided, this request is not considered medically necessary.

**Toradol 60 MG IM Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127.

**Decision rationale:** MTUS guidelines do not support the use of oral Toradol. ACOEM does not address intramuscular Toradol injections. ODG guidelines support intramuscular Toradol injections as an alternative to opiate therapy. However, when noting the date of injury and the lack of documentation supporting efficacy of this preparation, there is no clear clinical indication for the continued use of this medication. Furthermore, side effects of NSAIDs (non-steroidal anti-inflammatory drugs), such as increased risk of gastritis, GI bleeding, and cardiovascular risks must be taken into consideration. As such, this request is not considered medically necessary.

**Physical Therapy 1-2x week, for 4 weeks, Shoulder and Myalgias: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of 10 visits for management of these symptoms. Based on the clinical documentation provided, the claimant appears to be having an acute flare-up of chronic pain and has demonstrated improvement in symptoms previous physical therapy sessions. Therefore, the injured employee can continue a home exercise protocol based on the previous physical therapy completed.

**Prozac 60 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 & 107 of 127..

**Decision rationale:** Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs, and Zoloft, for neuropathic pain after failure to a first-line agent (Tricyclic Antidepressants). Review of the available medical records, fails to document a trial and/or failure to first-line agents. As such, this request is not considered medically necessary.

**Voltaren Gel 1% 4 GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amenable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips, or shoulders. When noting the claimant's diagnosis, date of injury, and clinical presentation, this request is not considered medically necessary.

**Orthopedic Follow up and Continued Treatment:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** ACOEM guidelines support referral to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the available medical records documents diffuse back pain, bilateral shoulder pain, and right elbow pain, but does not document any red flags or neurological deficits to work consultation. As such, this request is not considered medically necessary.