MAXIMUS Federal Services

Case Number:	CM14-0164412		
Date Assigned:	10/09/2014	Date of Injury:	06/11/2012
Decision Date:	11/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 injured worker is a 44 year old male with a date of injury on 6/11/12. He complained of right shoulder pain described as sharp and intermittent; rated at 0-3/10. He also complained of sharp constant right hand pain rated at 8-9/10 with occasional numbness in the 2nd and 4th digits. He had swelling of his right hand. On exam, deep tendon reflexes (DTR) was 2+; sensation was intact; manual muscle testing (MMT) was 5/5; and Tinel's and Phalen's were negative. There was pain to palpation along the right rotator cuff muscles and biceps tendon, positive right Neer's and cross arm, normal anterior glide. Trigger points palpated along the right C1, C5, and C7, and levator scapula muscles. He underwent right shoulder debridement and subacromial decompression. Current medications include ibuprofen. Past treatments included trigger point injections which helped to decrease his pain by up to 100%. Massage and exercises gave temporary relief. A recent report failed to document any significant objective functional improvement from recent ibuprofen use. Diagnosis includes shoulder strain. Diagnostic imaging and other therapies were not documented in the clinical records submitted with this request. The request for 4 trigger point injections in the right C1, C5, C7 and levator scapula muscles and 1 Prescription of Anaprox DS, #100 was denied on 09/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger point injections in the right C1, C5, C7 and levator scapula muscles: 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 Trigger point injections Page(s): 122.

Decision rationale: According to California Medical Treatment Utilization Schedule, 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, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain. In this case, the medical records do not indicate that the criteria for trigger point injections (TPI) are met. There are no detailed examination findings establishing active trigger points are present. There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, there is no documentation of symptoms have persisted for more than three months, that have not been response to medical therapies such as ongoing stretching exercises, physical therapy, judicious use of non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. Therefore, the request is not medically necessary in accordance to guidelines and based on the clinical information.

1 Prescription of Anaprox DS, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: According to the California Medical Treatment Utilization Schedule guidelines, Anaprox (non-steroidal anti-inflammatory drugs [NSAIDs]) is recommended as an option for short-term symptomatic relief. Long term use of non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended as there is no evidence of long-term effectiveness for pain or function. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that non-steroidal anti-inflammatory drugs (NSAIDs) were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants, but had more adverse effects than placebo and acetaminophen. In this case, the medical records indicate that the injured worker is taking Ibuprofen. Concurrent two non-steroidal anti-inflammatory drugs (NSAIDs) are not warranted due to risk of adverse effects. Furthermore, it is not clear how long the injured worker is taking non-steroidal anti-inflammatory drugs (NSAIDs), as long term use is not recommended. Therefore, the request is not medically necessary according to the guidelines.