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| Case Number: | CM14-0101408 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 04/01/2004 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 06/25/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 57-year-old female, who sustained an industrial injury on 4/1/04. The injured worker has complaints of neck and bilateral arm pain. The documentation noted that there is tenderness of the cervical spine extending into the bilateral trapezius region with spasms appreciated with active triggers with a positive twitch response radiating to her head and shoulders. The diagnoses have included cervical radiculitis; chronic pain syndrome; myofascial pain syndrome with active triggers and failed back surgery syndrome. Treatment to date has included epidural steroid injection; home exercise program; chiropractic treatment; acupuncture and physical therapy; trigger point injections; Norco; elavil; Prilosec; norflex and gabapentin. The request was for gabapentin 600mg #120 with two refills; amitriptyline 25mg #60 with two refills; naproxen 550mg #60 with two refills and right trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The request for Gabapentin 600mg, #120 with 2 refills, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has neck and bilateral arm pain. The documentation noted that there is tenderness of the cervical spine extending into the bilateral trapezius region with spasms appreciated with active triggers with a positive twitch response radiating to her head and shoulders. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 600mg, #120 with 2 refills is not medically necessary.

Amitriptyline 25mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: The request for Amitriptyline 25mg, #60 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15; recommend tricyclic antidepressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression, "unless they are ineffective, poorly tolerated, or contraindicated." The injured worker has low back pain with radiation to the left lower extremity. The injured worker has neck and bilateral arm pain. The documentation noted that there is tenderness of the cervical spine extending into the bilateral trapezius region with spasms appreciated with active triggers with a positive twitch response radiating to her head and shoulders. The treating physician has not documented duration of treatment, nor objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Amitriptyline 25mg, #60 with 2 refills is not medically necessary.

Naproxen 550mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen and Naproxen for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Naproxen 550mg, #60 with 2 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory

medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted."The injured worker has low back pain with radiation to the left lower extremity. The injured worker has neck and bilateral arm pain. The documentation noted that there is tenderness of the cervical spine extending into the bilateral trapezius region with spasms appreciated with active triggers with a positive twitch response radiating to her head and shoulders. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550mg, #60 with 2 refills is not medically necessary.

Eight (8) trigger point injections: 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.

Decision rationale: The request for Eight (8) trigger point injections is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "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); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. "The injured worker has low back pain with radiation to the left lower extremity. The injured worker has neck and bilateral arm pain. The documentation noted that there is tenderness of the cervical spine extending into the bilateral trapezius region with spasms appreciated with active triggers with a positive twitch response radiating to her head and shoulders. The treating physician has not documented criteria percentages and duration of relief from previous injections. The criteria noted above not having been met, Eight (8) trigger point injections is not medically necessary.