

Case Number:	CM15-0019933		
Date Assigned:	02/09/2015	Date of Injury:	08/23/2010
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 26 year old man sustained an industrial injury on 8/23/2010 after falling from a ladder. Current diagnoses include clavicle fracture, cervical degenerative disc disease, headache, poor coping, sleep issues, and myofascial pain. Treatment has included oral and topical medications, exercise program, and TENS unit. Physician notes on a PR-2 dated 12/24/2014 show chronic neck and right shoulder pain with a daily headache. The worker states that medications have helped with his pain about 40-50% and Mirtazapine has been very helpful with sleep issues. Four trigger point injections were administered on this visit and it is noted that the worker may need more if the symptoms worsen. Recommendations include refilling medications, await release of medical records, continue chiropractic therapy, consider Lunesta, and a heating pad. There is no further detail as to why the provider is interested in changing the Mirtazapine to Lunesta when reports of good results are documented. On 1/9/2015, Utilization Review evaluated prescriptions for heating pad, Lunesta, and trigger point injection, that were submitted on 1/27/2015. The UR physician noted the following: regarding the heating pad, the rationale is not described. The worker's injuries happened in 2010 and he is actively engaged in a home exercise program. Regarding Lunesta, there is no further description of the indication outside of "sleep issues". Further, this medication is only recommended for short term use. Regarding trigger point injection, the physical examination does not document circumscribed trigger points or a twitch response. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heating Pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar and Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, low back section, Heat therapy

Decision rationale: Pursuant to the Official Disability Guidelines, a heating pad #1 is not medically necessary. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. Heat therapy has been found to be helpful for pain reduction and return to normal function. The documentation shows the injured worker is receiving TENS, cervical traction, chiropractic manipulation and a home exercise program. The documentation does not contain clinical indications or a clinical rationale for the use of a heating pad. Consequently, absent clinical documentation with a clinical indication rationale for a heating pad, a heating pad #1 is not medically necessary.

Lunesta: 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lunesta

Decision rationale: Pursuant to the Official Disability Guidelines, Lunesta #1 is not medically necessary. Lunesta is not recommended long-term use, but recommended for short-term use. Lunesta is recommended for three weeks maximum in the first two months of the injury only and use is discouraged in the chronic phase. Lunesta is indicated for short-term use. The injured worker is presently taking a sedating antidepressant that he states has been "very helpful" and sleep issues have improved. The documentation indicates sleep issues have improved and, as a result, there was no clinical indication or rationale for Lunesta. Additionally, there is no strength or directions for the Lunesta in the request for authorization. Consequently, absent clinical documentation with a clinical indication/rationale, strength and instructions, Lunesta #1 is not medically necessary.

Trigger Point Injection: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Trigger point injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injections #1 are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicalgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three - four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. Physical examination does not show any circumscribe trigger points with evidence of a twitch response. The clinical indications meeting the aforementioned criteria are not met. Consequently, absent clinical documentation with criteria for trigger point injections, trigger point injections #1 is not medically necessary.