

<b>Case Number:</b>	CM15-0110269		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49-year-old female, who sustained an industrial injury on 04/18/2013. She reported sustaining injuries secondary to repetitive work activities. The injured worker was diagnosed as having thoracic outlet syndrome, other tenosynovitis of the wrist, and wrist pain. Treatment and diagnostic studies to date has included trigger point injections, use of a transcutaneous electrical nerve stimulation unit, physical therapy, and acupuncture. In a progress note dated 04/27/2015 the treating physician reports continuation of injured worker's pain with a current medication regimen that includes Paxil, Tizanidine HCl, Levothyroxine Sodium, Hydroxyzine HCl, Vitamin B12, Vitamin D3, and Iron. In a progress note from 03/17/2015, the treating physician noted that the injured worker had continued symptoms to the neck, shoulder, and hands with associated symptoms of paresthesias into the arms, and tenderness to the bilateral hands. The treating physician requested cervical spine trigger point injections noting that prior trigger point injections lasted approximately five days. The treating physician requested a cervical traction machine, unknown rental versus purchase with the treating physician noting that traction is recognized to assist the injured worker with her thoracic outlet syndrome. The treating physician also requested Paxil 20mg tablet with a quantity of 30 with three refills noting current use of this medication, but the documentation did not indicate the specific reason for the requested medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paxil Tablets 20mg #30 with three refills: Overturned**

**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 Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Paxil Prescribing Information.

**Decision rationale:** The claimant sustained a work injury in April 2013 and continues to be treated for neck and upper extremity pain. When seen, trigger point injections had been performed and lasted for five days. Lab testing and a cervical spine MRI were ordered. Medications were refilled. She was being treated for a diagnosis of thoracic outlet syndrome. Anti-depressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Paxil is a selective serotonin reuptake inhibitor (SSRI) which is a class of antidepressant that inhibits serotonin reuptake without action on noradrenaline. The main role of an SSRI may be in addressing psychological symptoms associated with chronic pain. The requested Paxil dosing is within guideline recommendations and therefore is medically necessary.

**Cervical traction machine, unknown rental versus purchase: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Traction.

**Decision rationale:** The claimant sustained a work injury in April 2013 and continues to be treated for neck and upper extremity pain. When seen, trigger point injections had been performed and lasted for five days. Lab testing and a cervical spine MRI were ordered. Medications were refilled. She was being treated for a diagnosis of thoracic outlet syndrome. Home cervical patient controlled traction using a seated over-the-door device or a supine device can be recommended for patients with radicular symptoms, in conjunction with a home exercise program. In this case, the claimant is being treated for thoracic outlet syndrome and no home exercise program is documented. Therefore, the requested cervical traction device is not medically necessary.

**Cervical spine trigger point injections every six weeks: 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:** The claimant sustained a work injury in April 2013 and continues to be treated for neck and upper extremity pain. When seen, trigger point injections had been performed and lasted for five days. Lab testing and a cervical spine MRI were ordered. Medications were refilled. She was being treated for a diagnosis of thoracic outlet syndrome. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore a trigger point injection was not medically necessary. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. A prior injection had only provided 5 days of pain relief. A series of planned trigger point injections is not medically necessary.