

Case Number:	CM15-0112029		
Date Assigned:	06/18/2015	Date of Injury:	06/29/2010
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/10/2015

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
 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 65 year old female, who sustained an industrial injury on 6/29/10. The injured worker was diagnosed as having headaches, myofascial pain syndrome, left shoulder rotator cuff tear with impingement and acromioclavicular joint arthritis status post rotator cuff repair with subacromial decompression and distal clavicle resection with residual pain and ankylosis, and residual of left endoscopic carpal tunnel release. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of neck pain, reduced range of motion and facetogenic pain with radiating paresthesias to the arms, and left shoulder pain. The treating physician requested authorization for trigger point injections into the shoulder/neck muscles 3 sessions every 6-8 weeks for the back and shoulder and Topiramate 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back and shoulder: Trigger point injection into the shoulder/neck muscles, three sessions every six to eight weeks, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The requested Back and shoulder: Trigger point injection into the shoulder/neck muscles, three sessions every six to eight weeks, quantity 12, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, 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 neck pain, reduced range of motion and facetogenic pain with radiating paresthesias to the arms, and left shoulder pain. The treating physician has not documented a twitch response on physical exam. The criteria noted above not having been met, Back and shoulder: Trigger point injection into the shoulder/neck muscles, three sessions every six to eight weeks, quantity 12 is not medically necessary.

Topiramate 50mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18, 21.

Decision rationale: The requested Topiramate 50mg quantity 30, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage, and Topiramate is considered for use of neuropathic pain when other anticonvulsants fail, 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 pain, reduced range of motion and facetogenic pain with radiating paresthesias to the arms, and left shoulder pain. The treating physician has not documented failed first-line therapy, duration of treatment nor derived symptomatic or functional improvement from use to date, nor 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, Topiramate 50mg quantity 30 is not medically necessary.

