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| Case Number: | CM15-0123109 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 01/01/2014 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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(n) 31 year old female, who sustained an industrial injury on 1/1/14. She reported pain in her neck and upper back related to repetitive motions. The injured worker was diagnosed as having neck sprain, myofascial pain syndrome and thoracic sprain. Treatment to date has included physical therapy, chiropractic treatments, acupuncture and an EMG/NCV study on 12/17/14 with normal results. On 4/22/15, the injured worker rated her pain a 5/10 currently and 3/10 with medications. As of the PR2 dated 5/6/15, the injured worker reports pain in her neck and upper back. The treating physician feels that the pain is related to a myofascial pain disorder versus an orthopedic issue. The treating physician requested a trigger point injection for the interscapular muscles and Pennsaid 60ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for the interscapular muscles: 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 claimant sustained a work injury in January 2014 and continues to be treated for neck and upper back pain. She was seen by the requesting provider for an initial evaluation on 05/06/15. Physical examination findings included cervicothoracic and interscapular trigger points but without description of which response or referred pain. There was normal shoulder range of motion. Authorization for trigger point injections and topical diclofenac (Pennsaid) was requested. Previous medications had included Pamelor and Relafen. 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. The requested trigger point injection procedure was not medically necessary.

Pennsaid 60ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for neck and upper back pain. She was seen by the requesting provider for an initial evaluation on 05/06/15. Physical examination findings included cervicothoracic and interscapular trigger points but without description of which response or referred pain. There was normal shoulder range of motion. Authorization for trigger point injections and topical diclofenac (Pennsaid) was requested. Previous medications had included Pamelor and Relafen. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, Relafen had been prescribed previously without reported intolerance. Prescribing Pennsaid was not medically necessary.