

Case Number:	CM15-0126082		
Date Assigned:	07/10/2015	Date of Injury:	01/10/2014
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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 64 year old female, who sustained an industrial injury on 1/10/14. Initial complaint was of the left shoulder. The injured worker was diagnosed as having contusion of left shoulder; residual left shoulder surgery pain. Treatment to date has included physical therapy; trigger point injections; medications. Diagnostics studies included MRI left shoulder (4/29/15). Currently, the PR-2 notes dated 5/18/15 indicated the injured worker complains of residual of left shoulder surgery. She complains of repetitive movement of her left shoulder has provoked paresthesia in her left lower extremity. The pain begins in her left shoulder and radiates down her arm. Rotation of the left shoulder aggravates her pain. Topical Pennsaid Diclofenac solution 2 pumps twice a day is applied to the left shoulder and continues to alleviate the pain over 50%. A MRI of the left shoulder dated 4/29/15 is reported revealing supraspinatus tendon tear that extended through 50% of the supraspinatus tendon. A surgical consultation will be needed to assess the tear. The provider notes he will prescribe oral Zorvolex 18mg daily and exercise to tolerance as well as an elasto gel shoulder sleeve and topical heat for the painful left shoulder. She has experienced trigger point injections in her left trapezius muscles. Examination of the cervical spine notes trigger points with hyperirritable foci located in palpable taut bands in the levator scapula, trapezius and rhomboid muscles and produced local twitch response to compression and referred pain to the posterior scapula and neck. Left shoulder passive motion provoked pain and tears. The thoracic spine exhibited tenderness to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder trigger point injection, 3 injections every 6-8 weeks for 18-24 weeks: 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 claimant sustained a work-related injury in January 2014 and continues to be treated for neck and shoulder pain. She underwent left shoulder surgery January 2014. When seen, Pennsaid was providing more than 50% pain relief. There were cervical spine trigger points with referred pain and twitch responses. There was decreased spine and shoulder range of motion. There was shoulder tenderness and deltoid atrophy. Left shoulder impingement testing was positive. There was upper extremity weakness due to pain. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. 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 series of planned trigger point injections are not medically necessary.

Zorvolex 18mg 1 unit daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71. Decision based on Non-MTUS Citation Zorvolex Prescribing Information.

Decision rationale: The claimant sustained a work-related injury in January 2014 and continues to be treated for neck and shoulder pain. She underwent left shoulder surgery January 2014. When seen, Pennsaid was providing more than 50% pain relief. There were cervical spine trigger points with referred pain and twitch responses. There was decreased spine and shoulder range of motion. There was shoulder tenderness and deltoid atrophy. Left shoulder impingement testing was positive. There was upper extremity weakness due to pain. Zorvolex is a non-steroidal anti-inflammatory medication consisting of diclofenac in a formulation designed to allow lower dosing. It is indicated for management of mild to moderate acute pain and osteoarthritis pain. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, a special formulation of diclofenac is not medically necessary. The claimant has no history of intolerance or adverse effect related to non-steroidal anti-inflammatory medication use.

