

Case Number:	CM15-0026633		
Date Assigned:	02/19/2015	Date of Injury:	08/29/2012
Decision Date:	04/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/12/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained a work/ industrial injury on 8/29/12. Mechanism of injury was not documented. He has reported symptoms of left shoulder and back pain. Pain was reported 5/10. Surgical history included post arthroscopic rotator cuff repair with subacromial decompression, distal clavicle excision. The diagnoses have included chronic myofascial pain syndrome, chronic cervical strain, and s/p left shoulder surgery. Treatments to date included physical therapy, medication, sling, immobilizer pillow, injection, and home exercise program. Diagnostics included x-rays reporting acromial morphology evidence on lateral projection and superior osseous regrowth or exostosis protruding above the superior cortical surface of the distal clavicle excision. EMG/NCV noted nerve damage in the neck. Magnetic Resonance Imaging (MRI) of the left shoulder on 10/22/13 documented a paracyst seen adjacent to the posterior inferior aspect of the glenoid labrum, likely associated with labral tear. Medications included Naproxen, Omeprazole, Flexeril, Neurontin, Cymbalta, and Methoderm. Examination on 11/19/14 notes trigger points in the left trapezius, rhomboids, and paracervical muscles with decreased range of motion to the neck and left shoulder. On 2/11/15, Utilization Review non-certified Trigger point injections, left shoulder trapezius Qty:4; Methoderm gel 120 gm Qty:2, noting the Official Disability Guidelines (ODG) and California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, left shoulder trapezius Qty:4: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 122, 309.

Decision rationale: Trigger point injections can have a place in the approach to back and neck/shoulder pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. Typically not recommended for usual back or neck pain. This intervention would suggest that trigger points had been elucidated at the time of the examination. However there is no documentation of a circumscribed trigger point or description of a classic twitch response. The "injection" is not clarified as to what was intended, local anesthetics versus corticosteroids versus both. In the end there is insufficient evidence to support the proposed request. The UR Non-Cert is supported.

Menthoderm gel 120 gm Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 105, 111.

Decision rationale: Topical compounds may be recommended but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. While topical salicylate (methyl salicylate) is significantly better than placebo in chronic pain and could be recommended, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol has not been evaluated as efficacious and therefore the compound cannot be recommended. Additionally the statement of efficacy provides no specific details to support the contention. The UR Non-Cert is supported.