

<b>Case Number:</b>	CM15-0064289		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	05/09/2008
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Washington

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 44 year old female who sustained an industrial injury on May 9, 2008. The injured worker was diagnosed with cervical and lumbar strain, left cervical radiculopathy, left rotator cuff syndrome and myofascial pain syndrome. The injured worker is status post C4-C7 fusion in 2009. Treatment to date has included conservative care, diagnostic testing, surgery, physical therapy, and medications. According to the primary treating physician's progress report on January 20, 2015, the injured worker continues to experience pain in the left shoulder with numbness and spasms of the left arm. Examination of the left shoulder demonstrated decreased sensation to the left hand, decreased strength and decreased range of motion by 10% in all planes. Current medications are listed as Neurontin, Naproxen, Omeprazole, Naprosyn, Flexeril, and topical medication. Treatment plan consists of chiropractic therapy; trigger point injections x4, LidoPro and Voltaren.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic Manipulation Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of chiropractic therapy would exceed guideline recommendations. The request as submitted also failed to indicate the specific body part to be treated. Given the above, this request is not medically necessary.

**Neurontin 600 mg Qty unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** The California MTUS Guidelines recommend gabapentin for neuropathic pain. In this case, the injured worker has continuously utilized the above medication since at least 09/2014. There was no documentation of objective functional improvement. There was also no frequency or quantity listed in the request. As such, the request is not medically necessary.

**Voltaren XR (extended-release) 100 mg Qty unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has continuously utilized the above medication since at least 09/2014. It was noted that the injured worker was switched from Voltaren XR 100 mg to Naprosyn 550 mg. The medical necessity for the requested medication has not been established in this case. There was also no frequency or quantity listed in the request. As such, this request is not medically necessary.

**LidoPro Qty 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. There was also no frequency listed in the request. Given the above, the request is not medically necessary.

**Trigger Point Injections, Qty 4:** 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 Page(s): 122.

**Decision rationale:** The California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should also be evidence of a failure of medical management therapies such as stretching exercise, physical therapy, NSAIDs, and muscle relaxants. In this case, the injured worker has been previously treated with trigger point injections. There was no documentation of objective functional improvement. There was also no evidence of circumscribed trigger points upon examination with evidence upon palpation of a twitch response and referred pain. The request as submitted also failed to indicate the specific body part or region to be treated. Given the above, this request is not medically necessary.