

<b>Case Number:</b>	CM15-0066173		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 60 year old male with an industrial injury date of 10/23/2008. His diagnoses includes bilateral carpal tunnel syndrome, chronic low back pain, right knee meniscal tear, left knee meniscal tear, right and left carpal tunnel release and chronic pain with depression and anxiety. Prior treatments include trigger point injections, exercise program, diagnostics and medications. He presents on 03/19/2015 with complaints of paresthesias in both upper extremities. Activities of daily living continue to remain significantly limited due to pain. Physical exam of the wrist revealed swelling and tenderness around the scars. Cervical spine exam revealed moderate muscle spasm. Treatment plan included Omeprazole (for gastrointestinal effects from prolong intake of analgesic medications) and trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections over the deep cervical fascia 3 sessions every 6-8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122 Page(s): 122.

**Decision rationale:** For the claimant sustained a work injury in October 2008 and continues to be treated for chronic pain. When seen on 03/19/15, he had increased pain after Celebrex had been discontinued. He was no longer taking any non-steroidal anti-inflammatory medication. Previous treatments had included point injections on 02/26/15 with 50% decreased pain and improved ability to perform an independent exercise program. Physical examination findings included trigger points in the levator scapula, trapezius, and rhomboid muscles with twitch response as and radiating pain. There was moderate muscle spasm. Trigger points were also present in the performance and lumbar paraspinal muscles. 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. In this case, repeat injections were requested only three weeks after the previous injections were performed. Requesting a series of planned trigger point injections would also not be considered medically necessary.

**Omeprazole 20mg 2 units twice daily #120:** Upheld

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

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

**Decision rationale:** For the claimant sustained a work injury in October 2008 and continues to be treated for chronic pain. When seen on 03/19/15, he had increased pain after Celebrex had been discontinued. He was no longer taking any non-steroidal anti-inflammatory medication. Previous treatments had included point injections on 02/26/15 with 50% decreased pain and improved ability to perform an independent exercise program. Physical examination findings included trigger points in the levator scapula, trapezius, and rhomboid muscles with twitch response as and radiating pain. There was moderate muscle spasm. Trigger points were also present in the performance and lumbar paraspinal muscles. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID and had previously been taking the selective medication Celebrex. Therefore, the continued prescribing of omeprazole was not medically necessary.