

Case Number:	CM15-0069675		
Date Assigned:	04/17/2015	Date of Injury:	02/28/2002
Decision Date:	05/19/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 46-year-old who has filed a claim for chronic shoulder, neck, and elbow pain reportedly associated with an industrial injury of February 28, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; cervical epidural steroid injection therapy; shoulder surgeries in 2003 and 2010; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review report dated March 30, 2015, the claims administrator partially approved a request for Norco, apparently for weaning purposes, denied an elbow epicondylitis injection, and denied trigger point injections. The claims administrator referenced a March 18, 2015 progress note in its determination. The claims administrator contended that the applicant had failed to profit from ongoing usage of Norco. Non-MTUS ODG Guidelines were invoked to deny the proposed elbow epicondylitis injection, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On March 18, 2015, the applicant reported ongoing complaints of low back and neck pain. The applicant's medication list included Naprosyn, Norco, Pristiq, Neurontin, Duragesic, Voltaren, and Senna, several of which were refilled without any explicit discussion of medication efficacy. Trigger point injections to the trapezius and cervical spinal muscles were proposed, along with bilateral elbow epicondylitis injections. 9/10 pain was reported. The applicant's work status was not clearly reported, although it did not appear that the applicant was working. It was not stated whether the applicant had or had not had previous elbow epicondylitis or trigger point injection therapy. The applicant did report radiation of neck pain to the arms. Paresthesias and electric-like sensations were noted about the arms. In a February 17, 2015

progress note, Norco, Naprosyn, Neurontin, Duragesic, Ambien, trigger point injections and elbow epicondylitis injections were endorsed. 9/10 pain was reported but the note was essentially identical with the subsequent note of March 18, 2015. Once again, the applicant's work status was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. Here, however, the applicant's work status was not reported on progress notes of February and March 2015, suggesting that the applicant was not working. 9/10 pain complaints were reported on those dates. The applicant reported difficulties performing activities of daily living as basic as lifting, carrying, gripping, grasping, standing, walking, etc. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

1 trigger point injections to the bilateral trapezii and paracervical musculature: 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: Similarly, the request for trigger point injections of bilateral trapezii and paracervical musculature was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value, and are "not recommended" for applicants with radicular pain. Here, the applicant did present reporting complaints of neck pain radiating to the arms. Severe upper extremity paresthesias of 9/10 were reported on progress notes of February and March 2015. It did not appear, thus, that the trigger point injections were indicated in the radicular pain context present here. Therefore, the request was not medically necessary.

1 bilateral epicondyle tendor sheath injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23; 24.

Decision rationale: Similarly, the request for bilateral elbow epicondylitis tendon sheath injections was likewise not medically, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 10, Table 3, page 24 does acknowledge that local corticosteroid injections are "recommended" in the management of elbow epicondylitis as was present here, this recommendation is, however, qualified by commentary made on ACOEM Chapter 10, page 23 to the effect that subsequent injections should be supported by "objective improvement." Here, however, the attending provider's progress notes of February and March 2015, referenced above, were difficult to follow, contained little to no narrative commentary, and did not clearly state what treatment or treatments had transpired to date. It was not clearly established how many prior elbow epicondylitis injections (if any) the applicant had or not had and what the response to prior injections was (if any). Therefore, the request was not medically necessary.