

<b>Case Number:</b>	CM15-0072964		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 March 8, 2014. She reported neck, shoulder, and low back pain. Her initial diagnoses were neck muscle strain, right shoulder muscle strain, sacroiliac joint sprain/strain, and right upper arm contusion. Initial treatment included non-steroidal anti-inflammatory medication, work modifications, and physical therapy. The injured worker was currently diagnosed as having pain in shoulder, neck pain, lumbago, low back pain, and lumbar pain. Diagnostics to date has included cervical MRI and x-rays. Treatment to date has included work modifications, physical therapy, right acromioclavicular steroid injection, right trapezius/levator scapula trigger point injections, and combination non-steroidal anti-inflammatory/ histamine 2 antagonist medication. On March 27, 2015, the treating physician noted the injured worker's neck pain was 50% decreased and her functional activity and activities of daily living have increased with the use of combination non-steroidal anti-inflammatory/ histamine 2 antagonist medication. The physical exam revealed decreased cervical range of motion and cervical muscle tenderness. There were muscle spasms of the bilateral trapezius, bilateral rhomboid attachment to scapula, bilateral middle scalene attachment to first rib, right pectoralis attachment to the anterior shoulder, and the bilateral teres major muscles. There was decreased range of motion of the right shoulder, right shoulder tenderness, decreased strength of the right extensor indicis proprius, decreased strength with internal and external rotation, and intact sensation of the upper extremities. The treatment plan includes continuing her medications. The requested treatments are trigger point injections over

the deep cervical fascia and combination non-steroidal anti-inflammatory/ histamine 2 antagonist medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trigger point injections over deep cervical fascia: 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 Trigger point injections Page(s): 122.

**Decision rationale:** This 64 year old female has complained of neck pain, low back pain and shoulder pain since date of injury 3/8/14. She has been treated with steroid injections, trigger point injections, physical therapy and medications. The current request is for trigger point injections over the deep cervical fascia. Per the MTUS guidelines cited above, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The available medical documentation fails to meet criteria number (1) above. That is, there is no objective documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on physical examination. On the basis of the MTUS guidelines and available medical documentation, the request for trigger point injections over deep cervical fascia is not indicated as medically necessary.

#### **Duexis 800/265mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors Page(s): 68.

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

**Decision rationale:** This 64 year old female has complained of neck pain, low back pain and shoulder pain since date of injury 3/8/14. She has been treated with steroid injections, trigger point injections, physical therapy and medications to include NSAIDS since at least 05/2014.

The current request is for Duexis. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 6 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Duexis is not indicated as medically necessary in this patient.