

Case Number:	CM15-0074435		
Date Assigned:	04/24/2015	Date of Injury:	06/28/2010
Decision Date:	05/27/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 32 year old female, who sustained an industrial injury on 06/28/2010. She reported gradual pain to the left hand radiating to the shoulder with numbness, tingling, swelling, stiffness, and weakness. The injured worker was diagnosed as having carpal tunnel syndrome, fibromyalgia/myositis, other affection of the shoulder region not elsewhere classified, tenosynovitis of the wrist, and complex regional pain syndrome. Treatment to date has included laboratory studies, x-rays of the right hand, x-rays of the right wrist, x-rays of the left hand, x-rays of the cervical spine, x-rays of her left wrist, electromyogram of the upper extremities, medication regimen, physical therapy, and trigger point injections. In a progress note dated 03/06/2015 the treating physician reports complaints of tightness to the bilateral shoulders and upper back along with constant aching, intense, sore, and tight pain to the neck and left shoulder with a present pain level of a seven on a scale of zero to ten that is at its best a four and at its worst a ten. The treating physician requested Pennsaid noting that the sample given worked well for the injured worker and requested trigger point injections noting that the injured worker requested this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid ointment 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: Topical NSAIDS-the efficacy of topical NSAIDS in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for use with neuropathic pain as there is no evidence to support use. In this case the patient complains of shoulder and back pain. Topical NSAIDS are not recommended for treatment of pain in the shoulders or back. Therefore the request is not medically necessary.

Trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.27 Page(s): 122.

Decision rationale: 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, PT, NSAIDS and muscle relaxants have failed to control pain; 4. Radiculopathy is not present; 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. In this case the diagnosis doesn't specify myofascial pain syndrome and the specific body part intended for the trigger point injections is not stated. The documentation doesn't support that the criteria have been met. Therefore the request is not medically necessary.