

## Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0021821	<b>Date of Injury:</b>	10/17/2007
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/09/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61-year-old female who reported an injury on 10/17/2007, with an injury sustained from a repetitive turning of the patient's hand while cooking. The action was noted to injure her hand, neck, and upper trapezius. The patient was noted to experience stabbing, numbness, and aching pain in the front of both shoulders and had the pain of a VAS on 5/10 to 6/10 with medications. The patient was noted to have previous trigger point injections with 50% improvement for weeks. It was noted that the patient had 3 trigger point injections. It was stated that when the patient has the injections, she is able to do more at home. Diagnoses were stated to include chronic cervical pain, chronic thoracic myofascial pain, chronic bilateral shoulder pain, and chronic cervical radicular symptoms. The requested treatment was noted to include an unknown treatment of Butrans patch between 06/12/2013 and 10/13/2013, 1 trigger point injection between 06/12/2013 and 10/13/2013, and 1 prescription of Robaxin 500 mg.

## IMR DECISION(S) AND RATIONALE(S)

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

### **1. One unknown prescription of Butrans Patch between 6/12/13 and 10/13/13 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, section on Buprenorphine pages 26-27, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines recommend Buprenorphine for the treatment of opiate addiction and also recommend it for chronic pain after detoxification of patients who have a history of opiate addiction. Clinical documentation provided for review indicated that the employee was to trial Butrans for pain to avoid the pitfalls of short acting medications. However, it failed to indicate exceptional factors to warrant nonadherence to guideline recommendations. Additionally, it failed to provide the number of patches that were being requested. **The request for one unknown prescription of Butrans Patch between 6/12/13 and 10/13/13 is not medically necessary and appropriate.**

### **2. 1 Trigger point injection between 6/12/13 and 10/13/13 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, section on Trigger Point Injections page 122, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines recommend trigger point injections for myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. Trigger point injections are also recommended in this circumstance when symptoms have persisted more than 3 months, and the patient is noted to have had medical management therapies, and radiculopathy is not present by exam, neuro testing, or imaging. Additionally, the Guidelines indicate that no repeat injections will be recommended unless there is greater than 50% relief obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Physical examination revealed the employee had tight bands in the suprascapular and infrascapular area with a positive response on the right, not the left. The documentation submitted for review indicated the employee had positive trigger points, positive tightness of the trapezius /straps, especially on the right, positive trigger point injections in the right trapezius and scapula, and a positive twitch response times 5 on part of the shoulder. The clinical documentation submitted for

review indicated that the employee does stretching exercises at home and had 50% improvement for weeks, and the employee was able to do more at home as confirmed by the employee's daughter. While it was noted the employee had documentation of circumscribed trigger points with evidence upon palpation of a twitch response, medical records provided for review failed to show the duration of the employee's pain relief and documentation of the exact location of the requested injection. **The request for 1 trigger point injection between 06/12/13 and 10/13/13 is not medically necessary and appropriate.**

### **3. 1 prescription of Robaxin 500mg is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, section on Methocarbamol page 65, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines indicate that methocarbamol is a muscle relaxant. The employee's physical examination notes included within the medical records provided for review revealed that the employee experienced pain relief with medication and was able to clean the house, cook small meals, and walk at least 4 blocks. Without the medications, the employee's pain was noted to be 7/10 to 8/10. It was noted that the employee was to use Robaxin for flare ups, 500 mg up to 3 times a day. However, the clinical documentation submitted for review failed to provide the number of requested pills and while it was noted that the employee had relief with the medications that were used, it failed to provide the efficacy of the requested medication specifically. **The request for 1 prescription of Robaxin 500mg is not medically necessary and appropriate.**

### **/MCC**

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[REDACTED]

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