

Case Number:	CM14-0142967		
Date Assigned:	09/10/2014	Date of Injury:	12/02/2011
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with cumulative trauma at work first claimed on May 18, 2012. Thus far, the injured worker has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; adjuvant medications; opioid therapy; topical agents; and trigger point injections. In a Utilization Review Report dated August 13, 2014, the claims administrator denied a prospective request for three trigger point injections, approved a pain management consultation, partially certified a request for Norco, partially certified a request for Gralise (gabapentin), approved a request for omeprazole, denied a request for Pennsaid lotion, denied a request for rizatriptan, and approved a request for Celexa. On July 13, 2012, the applicant received electrodiagnostic testing which was notable for mild left-sided carpal tunnel syndrome and moderate right-sided carpal tunnel syndrome. The applicant was described as having been off of work for two years, it was stated. On August 27, 2014, the applicant apparently presented with a variety of issues, including sleep disturbance, migraine headaches, gastrointestinal dysfunction, depression, and shoulder impingement. Viibryd was used for mood disturbance, Gralise for right upper extremity neuropathic pain, Celexa for pain-induced depression, Omeprazole for GI symptoms associated with pain medications, Pennsaid for shoulder pain, ranitidine for stomach upset, Norco for severe pain, rizatriptan for migraine headaches, and tizanidine for muscle spasm, it was stated. The applicant was receiving Ativan, Biofreeze gel, tramadol, and Flexeril through another provider, it was stated. The attending provider noted that the applicant had a variety of chronic pain and depressive symptoms. The attending provider posited that the Norco was diminishing the applicant's pain symptoms by over 50%. It was noted that the injured worker was reportedly performing home exercises when tolerated and was able to walk daily. Depression, however, was significantly impacting the

applicant's ability to perform activities of daily living. The applicant was sleeping 6 to 10 hours a night, it was stated. The applicant stated that her activities of daily living were limited secondary to pain. There was difficulty performing a variety of activities of daily living, it was stated on several occasions, including difficulty getting up out of bed. Lifting, carrying, pushing, and pulling were also limited. The injured worker was asked to continue all previously stated medications. Additional physical therapy and an interventional pain management consultation were sought. In an earlier note dated August 20, 2014, the injured worker presented with heightened complaints of pain and stated that she was unable to exercise secondary to pain. It was stated that activities of daily living as basic as computer work and laundry resulted in flares in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger Point Injection into the levator scapula, Trapezius and Rhomboid muscles- 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Chronic Pain Programs, early interventio. 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 topic. Page(s): 122.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain, as is present here. The applicant is described as having ongoing complaints of neck pain radiating into the bilateral upper extremities, reportedly associated with cervical radiculopathy and/or carpal tunnel syndrome. The applicant is, furthermore, using gabapentin, also for neuropathic/radicular pain. Trigger point injections are not indicated in the treatment of the same. Therefore, the request for a Trigger Point Injection into the levator scapula, Trapezius and Rhomboid muscles- 3 sessions is not medically necessary and appropriate.

1 prescription of Norco 10/325mg #60 is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain and Opioids, long-term assessment.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as result of the same. In this case, however, the applicant is off of work. The applicant has not worked for what appears to be four years. As the attending provider noted that the injured worker's ability to perform activities of daily living as basic as

getting up out of bed, doing laundry, and computer work remained constrained, despite ongoing usage of Norco, although it is acknowledged that some of the applicant's functional deficits are the result of her mental health issues as opposed to her medical (physical) issues. Nevertheless, the information on file does not make a compelling case for continuation of Norco, given the applicant's failure to return to work and continued difficulty performing even basic activities of daily living. Therefore, the request for one prescription of Norco 10/325mg #60 is not medically necessary and appropriate.

Gralise 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS< GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section. Page(s): 19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Gralise) should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, while the attending provider has reported some reduction in pain levels with ongoing medication usage, including ongoing Gralise usage, the attending provider has failed to establish any material or tangible improvements in function achieved as result of the same. The applicant remains off of work. The applicant remains highly reliant and highly dependent on opioids agents. The applicant is having difficulty performing activities of daily living as basic as getting up out of bed, doing computer work, and laundry. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Gralise (gabapentin). Therefore, the request for Gralise 300mg #90 is not medically necessary and appropriate.

Pennsaid 2% solution #1 bottle between 7/30/14-10/7/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section. Page(s): 112.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren has "not been evaluated" for treatment involving the shoulder, the primary pain generator here. The attending provider indicated on progress notes dated August 20, 2014 and August 27, 2014 that Pennsaid was specifically being employed for shoulder pain, a body part for which it has not, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, been formally evaluated. The attending provider has not furnished any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-non-favorable MTUS position on the same. Therefore, the request for Pennsaid 2% solution #1 bottle is not medically necessary and appropriate.

Rizatriptan 5mg #10 between 7/30/14-10/7/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (Trauma, headaches, etc)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Food and Drug Administration (FDA), Maxalt Medication Guide. Page(s): 7-8.

Decision rationale: While the MTUS does not address the topic of rizatriptan (Maxalt usage) pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled proposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that rizatriptan (Maxalt) is indicated in the acute treatment of migraine headaches with and without aura in applicants only after a clear diagnosis of migraine headache has been established. In this case, however, a clear diagnosis of migraine headache has not been established. While the attending provider has reported that the applicant is using rizatriptan for migraine headaches, the attending provider has not stated what symptoms have let him to arrive upon this diagnosis. In another section of the report, the attending provider reported that the applicant has developed cervicogenic headaches or headaches secondary to neck pain and/or headaches secondary to depression and/or shoulder pain. Rizatriptan (Maxalt) is indicated only in applicants who have clearly established diagnosis of migraine headaches. In this case, it is far from clear that the applicant in fact carries a bona fide diagnosis of migraine headaches. Therefore, the request for Rizatriptan 5mg #10 is not medically necessary and appropriate.