

Case Number:	CM13-0011795		
Date Assigned:	11/01/2013	Date of Injury:	09/06/2007
Decision Date:	03/19/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/15/2013

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 Family Practice, and is licensed to practice in Texas. 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. 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 patient is a 46-year-old male who reported an injury on 9/6/07. The mechanism of injury was cumulative trauma related to the performance of job duties. The patient initially received conservative care, including therapy and epidural steroid injections, and continued to work until 2011. At that time, the patient underwent a surgical fusion at L4-5, but still experiences persistent back pain. Over the years, his pain has begun to radiate into the bilateral lower extremities (as far as the ankles), the upper extremities, and the neck. He has been receiving chronic pain management with moderate benefit. The most recent clinical note, dated 6/19/13, revealed that the patient did not have any acupuncture, chiropractic care, or massage therapy in the past. However, he is interested in trying alternative modalities to help decrease his pain and oral opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 3+ trigger point injections to the low back and right paraspinals: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines recommend trigger point injections to treat chronic low back or myofascial pain when all of the criteria are met. These criteria include documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; symptoms that have persisted for more than three months; the failure of medical management therapy, such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants to control pain; no radiculopathy; and no more than 3-4 injections being performed per session. The clinical information submitted for review did not provide any evidence of the presence of trigger points, or that a physical examination was performed to assess the trigger points. Furthermore, there is no evidence that the patient has been performing ongoing stretching exercises, had a recent course of physical therapy, or that a trial of muscle relaxants have failed to control his symptoms. In addition, the patient is noted to have decreased sensation in the L5-S1 dermatomes, and his EMG reports were positive for an L5 radiculopathy. As the information submitted for review does not meet guideline criteria, the request for trigger point injections to the low back and right paraspinals is noncertified.

request for an office visit for trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

request for 12 sessions of massage therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The California MTUS/ACOEM guidelines recommend massage therapy as an option to treat diffuse musculoskeletal symptoms. However, guidelines recommend that this therapy should be limited to 4-6 visits. Although the patient has been suffering from chronic pain and may benefit from a course of massage therapy, the current request exceeds guideline recommendations. As such, the requested 12 sessions of massage therapy are noncertified.

request for compounded Ketoprofen/Cyclobenzaprine/Diclofenac/Orphenadrine/Tetracaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS/ACOEM guidelines recommend the use of topical analgesics to treat neuropathic and osteoarthritic pain. Guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. Guidelines state that the only topical muscle relaxant approved for use is baclofen. There is no evidence for the use of any other muscle relaxant as a topical product. As the current request contains a formulation of non-approved topical medications, the entire compounded drug is not recommended. As such, the request for Ketoprofen/Cyclobenzaprine/Diclofenac/Orphenadrine/Tetracaine is not certified.

request for 60 Flector patches 1.3%: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines recommend the use of topical NSAIDs to treat osteoarthritic pain. However, the only FDA-approved topical NSAID is Voltaren Gel 1%. The current request reflects that the Flector patch contains Diclofenac epolamine in a formulation of 1.3%, which clearly is in excess of guideline recommendations. Furthermore, this medication is in a transdermal patch and not a topical gel. As such, the request for 60 Flector patches 1.3% is noncertified.