

Case Number:	CM13-0032954		
Date Assigned:	12/06/2013	Date of Injury:	05/09/2007
Decision Date:	03/05/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain 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. 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 injured worker is a 66-year-old female with a date of injury of May 9, 2007. The patient is undergoing treatment for rotator cuff syndrome, lumbosacral neuritis, and fibromyalgia. The disputed issues are a request for trigger point injection in the cervical region and trapezius as well as a prescription for Lidoderm patches. A utilization review determination on October 1, 2013 had noncertified these requests. The stated rationale for trigger point injections being denied was that the criteria as specified by the Chronic Pain Medical Treatment Medical Guidelines was not met in terms of physical examination. With regard to the Lidoderm patches, the rationale for denial was that the patient experiences "pain all over their body" and there was no suggestion of a localized pain of neuropathic etiology.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request 4 Trigger Point Injection over the Cervical Spine and Trapezius: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Heading Page(s): 122-123.

Decision rationale: The request for authorization of the trigger point injections was authored on September 25, 2013. The associated primary treating physician's progress report documented tenderness to the cervical spine and trapezius with spasms. There was no documentation of circumscribed trigger points with twitch response and referral pattern this is a requirement as per the California Medical Treatment and Utilization Schedule. Given the absence of these objective signs, this request for 4 trigger point injection over the cervical spine and trapezius is not medically necessary.

The requested treatment for Unknown Prescription of Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: With regard to the request for Lidoderm, the indication is for neuropathic pain. There is no indication that this patient has a localized neuropathic pain process. The patient's disease states include fibromyalgia which is a diffuse body pain syndrome attributed to increase sensitization both centrally and peripherally. Lumbar neuritis is not a localized pain process and involves nerve root pathology and there is no FDA indication or studies to demonstrate the efficacy of topical treatment in this disease state. Therefore the request for Lidoderm Patches is not medically necessary.