

Case Number:	CM13-0039900		
Date Assigned:	12/20/2013	Date of Injury:	11/22/2003
Decision Date:	02/20/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in California and 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 reported a work related injury on 11/22/2003, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, fasciitis not otherwise specified, lumbar or lumbosacral disc degeneration, pain to the thoracic spine, lumbago, and spasm of muscle. The clinical note dated 11/06/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes the following medications, gabapentin, Robaxin, Voltaren gel, Lidocaine ointment, Norco 10/325 mg, oxycodone HCl IR 15 mg, Ambien 5 mg, hydrochlorothiazide 25 mg, lorazepam 0.5 mg, Prometrium 100 mg, Sertraline HCl 100 mg, trazodone 150 mg, and Wellbutrin 300 mg. The provider documents the patient reports continued low back pain; however, the patient reports the most effective means of pain control is with trigger point injections. The provider documents upon physical exam of the patient she presents with palpable taught bands and trigger points with referred myofascial pain in the area of her lumbar spine. The trigger points appeared to have soft tissue dysfunction and spasm in the lumbar paraspinal region. The provider documented the patient was administered a tramadol injection, as well as multiple trigger point injections to the lumbar spine with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar trigger point injections x 3.: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the current request. The provider documents the patient reports positive efficacy with utilization of trigger point injections as part of her chronic treatment plan; however, documentation of any significant long-term benefits as far as decrease in rate of pain on a Visual Analog Scale and increase in objective functionality were not evidenced. Furthermore, the provider documents the patient's trigger point injections are administered with utilization of ultrasound guidance, standard of care would not indicate that this addition is necessary for trigger point injections. California MTUS indicates no repeat injections unless greater than 50% relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Given the above, the request for lumbar trigger point injections times 3 is not medically necessary or appropriate.

Lidocaine ointment.: Upheld

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

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

Decision rationale: The current request is not supported. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, California MTUS indicates no other commercially approved topical formulations of lidocaine, whether creams, lotions or gels are indicated for neuropathic pain. As the current request is not supported via California MTUS Guidelines for topical application, the request for Lidocaine ointment is not medically necessary or appropriate.