

<b>Case Number:</b>	CM13-0041895		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/16/2006
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 57 year-old male with a 2/16/2006 industrial injury claim. He has been diagnosed with residual left ankle pain, osteochondral lesion talar dome, residual of multiple surgical fixation and procedures; persistent right shoulder pain with RC tendinitis, impingement syndrome; chronic neck pain, chronic migraines; low back pain; affective disorder. According to the 9/6/13 PM&R report from [REDACTED], the patient has 8/10 headaches associated with nausea and photophobia, occurring up to 3x/day. He relies on opiates and antiseizure medications to control the headaches. On 9/18/13 UR recommended non-certification for Flector patches, and 3 trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR PATCHES, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS PAIN OUTCOMES AND ENDPOINTS Page(s): 111-113; 8-9.

**Decision rationale:** The patient presents with pain in the left ankle, low back that radiates down the right leg, and both shoulders that radiate to the elbows and forearms. He has been using Flector patches on the left ankle. According to UR, the patient has used patches since 2012 without any benefit. The 8/12/13 report from [REDACTED] reviews monthly progress notes, that show the patient uses the Flector patch on the left ankle and uses Norco for pain. There is no discussion of efficacy or pain assessment with Flector patches. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" , and on page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Flector patches. MTUS does not recommend continuing treatment if there is not a satisfactory response.

**3 TRIGGER POINT INJECTIONS INTO TRAPEZIUS, LEVATOR SCAPULA, RHOMBOID, AND SUPRASPINATUS MUSCLES SESSIONS: Upheld**

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

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

**Decision rationale:** The patient presents with pain in the left ankle, low back that radiates down the right leg, and both shoulders that radiate to the elbows and forearms. According to the 9/6/13 report from [REDACTED], there are trigger points identified on examination with twitch response in the levator scapula, trapezius and rhomboids. UR apparently denied the trigger point injections because the patient has radiculopathy. MTUS states trigger point injections are not recommended for radicular pain. The progress reports show the radicular pain is down the arms. The physician notes the trigger points are in the levator, trapezius and rhomboids. (not down the arms). The physician has identified the trigger points with a twitch response. The patient appears to have met most of the MTUS criteria for trigger point injections, except the one that states "symptoms have persisted for more than 3-months" The records available for IMR show the first documented trigger points on physical exam with a twitch response were on 9/6/13 and these were not present on the 8/12/13, 7/29/13, nor 6/29/13 exam. The request does not appear to be in accordance with MTUS guidelines.