

Case Number:	CM13-0048634		
Date Assigned:	12/27/2013	Date of Injury:	05/28/2013
Decision Date:	09/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 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 42-year-old female who sustained a remote industrial injury on 05/28/13 diagnosed with cervical radiculopathy, shoulder pain, and neck pain. Mechanism of injury is not specified in the documents provided. The request for Trigger Point Injections once a week for five weeks was non-certified at utilization review due to the lack of description of discrete trigger points consistent with the guidelines. The request for Lidoderm Patches 1 to 3 patches on 12 hours, off 12 hours was also non-certified at utilization review due to the lack of documentation that the patient has failed first-line therapy including antidepressants and antiepileptic agents. The most recent progress note provided is 06/26/13. Patient complains primarily of posterior neck pain that radiates to the right shoulder, right arm, and all the way to the hand and thumb. The pain is described as mild, moderate in intensity, intermittent, and sharp. Patient also reports tingling and numbness that have spread up towards the right side of the neck. Physical exam findings reveal tenderness from the paracervical area to the deltoid. Otherwise, the physical exam findings are unremarkable. Current medications include: Ibuprofen and Metaxolone. It is noted that the patient is still working full duties as a social worker. The treating physician is requesting additional physical therapy sessions. Provided documents include previous progress reports and referrals. The patient's previous treatments include physical therapy and anti-inflammatory medication. Imaging studies provided include an X-ray of the cervical spine, performed on 05/28/13. The impression of this study reveals loss of cervical lordosis but no fracture. An EMG/NCV of the bilateral upper extremities, performed on 06/20/13, is also included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS ONCE A WEEK FOR FIVE WEEKS: 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 122 Page(s): 122.

Decision rationale: According to CA MTUS guidelines, trigger point injections are "recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." In this case, the treating physician highlights symptoms of radiculopathy, which is an exclusionary criterion for the performance of trigger point injections. Further, these injections are recommended "when myofascial trigger points are present on examination." As the physical exam findings are mostly unremarkable, the treating physician does not describe well-demarcated circumscribed trigger points with evidence of twitch response and referred pain that have been present for greater than three months. For these reasons, medical necessity is not supported and the request for Trigger Point Injections once a week for five weeks is not medically necessary.

LIDODERM PATCHES ONE TO THREE PATCHES ON TIMES TWELVE HOURS, OFF TIMES TWELVE HOURS: 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 Analgesics, pages 111-113 Page(s): 111-113.

Decision rationale: When assessing the medical necessity of topical medications, CA MTUS is utilized, which notes that topical application of medications is largely experimental. According to MTUS, topical Lidocaine is "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." The documentation does not describe the failure of readily available oral agents in the antidepressant, anti-epileptic, or non-steroidal anti-inflammatory class to support the medical necessity of Lidoderm patches. Further, the patient is currently being prescribed Ibuprofen. Lastly, the quantity of this request is not specified. For these reasons, medical necessity is not supported and non-certification of Lidoderm Patches one to three patches on times twelve hours, off times twelve hours is medically necessary.