

<b>Case Number:</b>	CM13-0049738		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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; Pain Management 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:

The patient is a 28-year-old female with date of injury of 09/10/2012. The listed diagnoses per [REDACTED] dated 10/18/2013 are: 1. Reflex sympathetic dystrophy of the upper limb 2. Opiate-type dependence, unspecified pattern of use 3. Enthesopathy of unspecified site 4. Unspecified D/O rotator cuff syndrome shoulder and implied D/O 5. Unspecified myalgia and myositis According to the progress report dated 10/18/2013, the patient presents with left shoulder pain radiating to her left trapezius muscles. She describes her pain as constant, aching with a tingling sensation to her left wrist and digits. She also reports that her left shoulder/traps feels as if she has pulled a muscle. She rates her pain a 5/10. The patient recently received a trigger point injection and would like additional injections because they have been helpful in decreasing her pain. She currently utilizes Percocet in conjunction with ibuprofen and reports that it has been effective in managing her pain. She also denies any euphoria or dysphoria from medication use. The physical examination shows positive twitch to the left scapula with pain upon palpation to the left trapezius. The treater is requesting a trigger point injection to the left trapezius muscle, Percocet, and topical lotion, flurbiprofen 10% with lidocaine 2%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION TO LEFT TRAPEZIUS MUSCLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trigger Point Injections

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

**Decision rationale:** This patient presents with left shoulder pain radiating to her left trapezius muscle. The treater is requesting a trigger point injection to the left trapezius muscle. The utilization review denied the request stating that MTUS does not support the use of trigger point injection in the setting of radiculopathy. The MTUS Guidelines page 122 on trigger point injections states, "recommended only for myofascial pain syndrome as indicated below with limited lasting value. Not recommended for radicular pain." MTUS further states that all criteria need to be met including: documentation of trigger points; symptoms persistent for more than 3 months; medical management therapy; radiculopathy not present; no more than 3 to 4 injections per session; no repeat injections unless greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. In this patient, EMG from 1/13/13 indicates multi-level radiculopathies. Examination, furthermore, does not document taut band with referred pain upon triggering. The request is not certified.

**PERCOCET 10/325 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in Musculoskeletal Pain Page(s): 60-61, 88-89.

**Decision rationale:** This patient presents with left shoulder pain radiating to her left trapezius muscle. The treater is requesting a refill for Percocet. For chronic opiate use, the MTUS Guidelines page 88 and 89 requires functioning documentation using a numerical scale or validated instrument at least once every six months. Documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behaviors) is also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medications to work, duration of pain relief with medication, etc. Review of reports from 03/07/2013 to 10/18/2013 show that the patient has been taking Percocet since 03/07/2013. The treater mentions medication efficacy stating "the patient continues to utilize Percocet in conjunction with ibuprofen as needed, which the patient reports to be effective in decreasing her pain to a manageable level. The patient denies euphoria/dysphoria." Other than this generic statement, none of the reports show any documentation of pain assessment using a numerical scale describing the patient's pain and function. In addition, no outcome measures including specific ADLs or return to work were provided. Given the lack of sufficient documentation demonstrating medication efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not certified.

**TOPICAL LOTION FLURBIPROFEN 10% W/ LIDOCAINE 2%:** 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 Creams Page(s): 111.

**Decision rationale:** This patient presents with chronic left shoulder pain radiating to her left trapezius muscle. The treater is requesting a topical lotion, flurbiprofen 10% with lidocaine 2%. The MTUS Guidelines page 111 states for topical analgesics, "largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain with trials of antidepressants and anticonvulsants have failed." MTUS further states that, "Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." Flurbiprofen 10% is a nonsteroidal antiinflammatory agent that is indicated for osteoarthritis and tendinitis particularly of the knee, elbow, or other joints that are amenable for topical treatment. It is recommended for short-term use between 4 to 12 weeks. In addition, lidocaine is indicated 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). Topical lidocaine in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Furthermore, no other commercially approved topical formulation of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. In this case, lidocaine is not recommended in a topical lotion/gel form per MTUS Guidelines. Therefore, the request is not certified.