

Case Number:	CM13-0051620		
Date Assigned:	12/27/2013	Date of Injury:	04/03/2000
Decision Date:	03/28/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Georgia. 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 claimant is a 58-year-old presenting with neck and shoulder pain following a work-related injury on April 3, 2000. The claimant underwent rotator cuff repair and subacromial decompression. X-ray of the cervical spine on June 7, 2013 revealed multilevel degenerative spurring. On October 3, 2013 the clinic complains of persistent neck and shoulder pain rated a 7 out of 10. The pain was described as tightness associated with muscle pain and spasms. The pain was worse on the right side and radiates up to the right shoulder and arm. The claimant has tried medications, injections, and TENS unit. The physical exam was significant for cervical paraspinal muscles tenderness, stiffness in the cervical spine, spasms in the bilateral shoulder with the worst being on the right, trigger points in the cervical paraspinal, bilateral trapezius and supraspinatus muscles and tenderness in the cervical facet joints. The claimant was diagnosed with cervical degenerative disc disease and left shoulder rotator cuff tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 to 6 trigger point injections to the cervical paraspinal and bilateral shoulder region:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

Decision rationale: 4 to 6 trigger point injections to the cervical paraspinal and bilateral shoulder region is not medically necessary. Per Ca MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the neck where the injection is to be performed; therefore the requested service is not medically necessary.

Flector patch 1.3% apply to skin 2 daily #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).

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

Decision rationale: Flector Patch 1.3% is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.

Lidoderm patch 5% 12 hours off #30: Upheld

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

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

Decision rationale: Lidoderm patch 5% 12 hours on 12 hours off # 30 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line

therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.