

<b>Case Number:</b>	CM13-0054044		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Florida. 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 an injury on 02/25/2011, secondary to repetitive lifting. The patient is currently diagnosed with head pain, exacerbation of cervical spine pain, thoracic spine strain, lumbar spine strain, lumbar disc protrusion with stenosis, abdominal wall strain, rule out hernia, bilateral shoulder strain, left elbow strain, status post left elbow laceration with neuropathy, laceration of the sensory branch of the ulnar nerve, bilateral ankle strain, breathing problems, and sleep disturbance. The patient was seen by [REDACTED] on 07/12/2013. The patient reported persistent pain over multiple areas of the body. Physical examination revealed tenderness to palpation over the paraspinal muscles of the cervical, thoracic, and lumbar spine, palpable muscle spasm, trigger points, and positive compression testing. The patient also demonstrated tenderness to palpation over bilateral upper extremities and bilateral lower extremities. Treatment recommendations included prescriptions for Medrox gel and Fluriflex cream, as well as an authorization for psychiatric and internal medicine consultation, and an authorization for trigger point injections into the right trapezius.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex 180gm #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first line oral medication prior to the request for a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Medrox get 120gm/Patch #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first line oral medication prior to the request for a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Trigger point injection at the right trapezius:** 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:** California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. As per the documentation submitted, there is no evidence of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There is also no documentation of a recent failure to respond to conservative treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.