MAXIMUS Federal Services

Case Number:	CM14-0110061		
Date Assigned:	08/01/2014	Date of Injury:	08/09/2010
Decision Date:	09/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/15/2014

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 Texas and Oklahoma. 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 injured worker is a 62-year-old female who reported an injury on 08/09/2010 from an unspecified mechanism of injury. The injured worker had a history of cervical and lumbar spine pain and bilateral shoulder pain. The injured worker had a diagnosis of cervical and lumbar myofascial pain, bilateral shoulder impingement syndrome mild and headaches. No prior diagnostics available for review. The past treatments included chiropractic therapy and trigger point injections. The medication included Norco 5/325 mg and a topical compound cream. No VAS provided. The objective findings dated 06/03/2014 of the cervical spine revealed tenderness to posterior cervical and right trapezium with active spasms, forward flexion was within 1 finger chin to chest with extension to 10 degrees and lateral rotation 60 degrees bilaterally. Strength to the upper extremities are globally intact. The lumbar spine examination revealed tenderness to the lower lumbar paravertebral muscular, forward flexion was 65 degrees, extension 10 degrees, and lateral bending of 30 degrees. The strength to the lower extremities was globally intact, a negative sitting straight leg raise bilaterally. Bilateral shoulders on examination revealed slight tenderness over the anterolateral shoulders, positive forward flexion of 170 degrees with mild positive impingement sign and strength globally intact. The treatment plan included trigger point injection, continue medications, and a topical compound cream, and return in 6 to 8 weeks. The Request for Authorization for 1 trigger point injection and Norco was dated 07/2014 was submitted with documentation. The Request for Authorization for topical cream was not submitted with documentation. The rationale for the Norco and the topical cream was for breakthrough pain. No rationale for the trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: 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): 121, 122.

Decision rationale: The request for Trigger point injections is non-certified. The California MTUS guidelines indicate that there should be medical management therapies such as ongoing stretching exercises, physical therapy, nonsteroidal anti-inflammatories and muscle relaxants have failed to control pain; however, there was no documentation that conservative therapy had failed per the clinical notes. The injured worker indicated that after her completion of acupuncture she had improved. No indication if prior trigger point injections have been obtained, if so, no functional improvement provided. The documentation was not evident of the efficacy of the current medications or including functional measurements. The request did not indicate the location for the trigger point injection. As such, the request is not medically necessary.

30 Norco 5/325mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

Decision rationale: The request for 30 Norco 5/325 mg with 2 refills is non-certified. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the documentation provided, no VAS was documented. The guidelines recommend the lowest possible dose to improve pain and function as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include the current pain, the least amount of pain occurring since the last visit, average pain, intensity of pain after taking the opiates, how long pain relief takes, and how long the relief from the pain lasts, further recommended is pain relief, side effects, physical and psychosocial functioning and possible aberrant drug related behavior. The request did not indicate the frequency. As such, the request is not medically necessary.

1 Prescription for BCFLH (Baclofen 2%, Cyclobenzaprine, Flurbiprofen15%, Lidocaine 5%, and Hyaluronic Acid 0.2%) 120mg with 2 refills: Upheld

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

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

Decision rationale: The decision for 1 prescription for BCFLH (baclofen 2%, cyclobenzaprine, flurbiprofen15%, lidocaine 5%, and hyaluronic acid 0.2%) 120mg with 2 refills is non-certified. The CA MTUS states that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Per research any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Per the guidelines, topical analgesics if one of the compound is not recommended than the topical cream is not recommended. Per the guidelines, baclofen is not recommended. The request did not indicate the frequency. As such, the request is not medically necessary.