

Case Number:	CM14-0130948		
Date Assigned:	08/20/2014	Date of Injury:	04/25/2001
Decision Date:	09/18/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine and is licensed to practice in New York. 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 54 year old male with a date of injury of 04/25/2001; he jumped off the bed of a truck. He sustained a lumbar injury and left knee injury. Subsequently he had a left knee partial medial meniscectomy in 10/2001 and another left knee procedure in 03/2002. He has chronic lumbar pain with radiculopathy and has been treated with medications, physical therapy, injections and a spinal cord stimulator. He has degenerative disc disease at L5-S1 and was P&S in 2007. In 05/2008 the spinal cord stimulator was removed. On 12/16/2013, 02/24/2014, 03/24/2014, 04/21/2014, 05/19/2014 and on 06/16/2014 he had low back pain radiating into both legs. On 07/21/2014 he had L5 tenderness. He had trigger point injections of the L5, right and left sciatic area and iliac crest. Motor exam was normal. Sensory exam was normal. Reflexes were normal. Straight leg raising was negative. The note did not document what was injected and there was no documentation that any of the injection treatment was effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream Ketoprofen 10%, Cyclobenzaprine 2%, Baclofen 2% with 3 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug).

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

Decision rationale: MTUS notes that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy and safety." Also any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Baclofen is not recommended as a topical agent. MTUS states, "There is no peer-reviewed literature to support the use of topical baclofen." Thus the request of compound cream Ketoprofen 10%, Cyclobenzaprine 2%, Baclofen 2% with 3 refills is not medically necessary and appropriate.

Two (2) ultrasound guided trigger points injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS states that trigger point injections are "not recommended for typical back pain or neck pain." Also, MTUS states that trigger point injections are "not recommended for radicular pain." This patient has lumbar pain that radiates to both legs (radicular pain) and the use of trigger point injections is not consistent with MTUS recommendations. Even when trigger point injections are used for myofascial pain syndrome with low back pain, they are not recommended if radiculopathy is present. Therefore, the request of two (2) ultrasound guided trigger points' injections is not medically necessary and appropriate.