

<b>Case Number:</b>	CM14-0150915		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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, has a subspecialty in Nephrology 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 48-year-old female who has submitted a claim for chronic pain syndrome and other and unspecified disc disorder, lumbar region associated with an industrial injury date of August 1, 2009. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the neck and both arms as well as numbness and tingling in both arms as well as fingers. Physical examination showed limited ROM of the neck and lumbar spine. An MRI of the neck showed disc disease from C3 to C7. Nerve studies have been unremarkable. Treatment to date has included Norflex (since at least May 2014), topical analgesics, trapezial trigger point injections, TENS and physical therapy. Utilization review from September 5, 2014 denied the request for Trigger Point Injection, Left Shoulder, Trigger Point Injection, Right Shoulder, Tens Pad, Lidopro 4oz Lotion, 121gm, Terocin Patches And Norflex 100 MG. The requests for trigger point injections were denied because there is no documentation of the presence of trigger points. The request for TENS pad was denied because there was no documentation of any details related to a formal TENS trial and any objective improvement related to TENS use despite containing information that the patient had previous TENS use. The request for lidopro was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION, LEFT SHOULDER:** 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 Trigger Point Injections Page(s): 122.

**Decision rationale:** As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. In this case, the patient complained of pain in the neck and both arms as well as numbness and tingling in both arms as well as fingers. Physical examination showed limited ROM of the neck and lumbar spine. An MRI of the neck showed disc disease from C3 to C7. Nerve studies have been unremarkable. However, there was no myofascial trigger point found on the exam. Medical management therapies were not shown to have failed. Radiculopathy may be present because of the patient's symptoms of neck pain with numbness and tingling in the neck and arms; however, this cannot be confirmed because the physical examination is lacking. The criteria for trigger point injections were not met. Therefore, the request for TRIGGER POINT INJECTION, LEFT SHOULDER is not medically necessary.

**TRIGGER POINT INJECTION, RIGHT SHOULDER:** 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 Trigger Point Injections Page(s): 122.

**Decision rationale:** As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. In this case, the patient complained of pain in the neck and arms as well as numbness and tingling in both arms as well as fingers. Physical examination showed limited ROM of the neck and lumbar spine. An MRI of the neck showed disc disease from C3 to C7. Nerve studies have been unremarkable. However, there was no myofascial trigger point found on the exam. Medical

management therapies were not shown to have failed. Radiculopathy may be present because of the patient's symptoms of neck pain with numbness and tingling in the neck and arms; however, this cannot be confirmed because the physical examination is lacking. The criteria for trigger point injections were not met. Therefore, the request for Trigger Point Injection, Right Shoulder is not medically necessary.

**TENS PAD:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Transcutaneous Electrical Nerve Stimulation Page(s): 114; 114-116.

**Decision rationale:** Page 114 of the CA MTUS Chronic Pain Medical Treatment Guidelines state TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient had been experiencing pain for more than three months. There was evidence that other pain modalities were being used. The progress notes mention that the patient had tried TENS before. However, there was no documentation of this and it is not known whether it was a TENS trial as recommended by the guidelines. The patient's response to prior TENS was also not objectively specified. There was no treatment plan that includes the specific short- and long-term goals of treatment. Finally, the quantity of TENS pad being requested was not mentioned. Therefore, the request for TENS PAD is not medically necessary.

**LIDOPRO 4OZ LOTION, 121GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** LidoPro lotion contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated on page 105 of MTUS Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of lidocaine for compounded products,

and lidocaine is not recommended for topical use. Moreover, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion as adjuvant therapy to oral medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. Therefore, the request for LidoPro lotion 4oz is not medically necessary.

**TEROCIN PATCHES:** 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 Lidocaine patch, Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

**Decision rationale:** Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, records reviewed showed that the patient was prescribed Terocin patches for neck pain since at least May 2014. However, there is no evidence of trial of first-line therapy. Moreover, there is no documentation concerning pain relief and functional improvement derived from its use. The request likewise failed to specify quantity to be dispensed. Therefore, the request for TEROGIN PATCHES is not medically necessary.

**NORFLEX 100 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** On pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, Orphenadrine (Norflex) intake was noted since May 30, 2014 for muscle spasms. However, there was no evidence of overall pain improvement and functional benefit from its use. The guideline does not support long-term use of this medication. Moreover,

muscle spasms and acute exacerbation of pain were not evident in the most recent progress reports. Likewise, there was no documentation of failure of first-line medications to manage pain. There was no clear indication for the request. The medical necessity for continued use has not been established. In addition, the request did not specify quantity of medication to dispense. Therefore, the request for Norflex 100 mg is not medically necessary.