

Case Number:	CM14-0172084		
Date Assigned:	10/23/2014	Date of Injury:	12/30/1998
Decision Date:	12/02/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine 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:

53-year-old male heating and air installer who was injured at work on 30 Dec 1998. He has been diagnosed with thoracic/lumbosacral neuritis/radiculitis, chronic pain syndrome, and pain in right shoulder, sacroiliitis, and lumbar facet arthropathy. Presently he complains of persistent right shoulder and low back pain 8-9/10 with intermittent numbness in his left buttock and left foot. He is able to perform the activities of daily living (ADL) but uses a low back brace and a cane - these activities increase his pain. He also feels depressed and associates this with the stress of his chronic pain and injuries from his industrial accident. Exam (Sep 2014) showed antalgic gait, tenderness to palpation of bilateral lumbar spine and decreased range of motion of lumbar spine. Strength in lower extremities 4/5 (limited due to pain), sensation in lower extremities was intact. Straight leg raise was negative. Slump test for neuropathic pain was positive. Lumbar CT scan 14 Mar 2003 showed status post fusion L4-S1 with normal alignment, no evidence spinal stenosis, or recurrent disc changes. Lumbar MRI 31 May 2013 showed status post fusion L3-4, L5-S1 with moderate central canal stenosis due to facet hypertrophy. Treatment has included 4 lumbar spine surgeries (which resulted in surgical fusion of L3-S1), back brace, cane, physical therapy, acupuncture (effective for right shoulder pain), spinal cord stimulator (not helpful), lumbar branch nerve block (not helpful), lumbar trigger point injections (initially relieved pain up to 50% for 1-2 months but for last 3 months relieved pain 30-40%), daily home exercises and medication (Vicoprofen, Methadone, Topical Ketoprofen Cream). He notes that use of the medications (Vicoprofen, Methadone, and Topical Ketoprofen Cream) allows patient to function, without them, he would not be able to perform his ADLs.

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 Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309-10, Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Trigger Point Injections are injections of medications, usually anesthetics and/or steroids although Saline, Glucose and other agents may also be used, into areas of muscles where pressure on these areas causes focal pain with or without radiation or referred pain. Criteria for use of this treatment modality includes pain over 3 months duration and documented trigger points on exam as evidenced by palpation that triggers local pain, referred pain and a twitch response and, important from the stand point of this patient, that there is no documented radiculopathy. Review of the available records reveals that few of the physical findings that would define a trigger point were documented for this patient. Since the patient's providers think the patient has a radiculopathy (Slump test positive for neuropathic pain), which accounts for his pain, use of trigger point injection would not be indicated. Furthermore, the MTUS criteria for repeat trigger point injections requires a greater than 50% improvement in pain relief and maintenance of this relief for 6 weeks after the prior injection, a condition that this patient does not meet. ACOEM guidelines do not recommend trigger point injections in patients with low back pain as there is limited research-based evidence that shows its effectiveness. Medical necessity for this procedure has not been demonstrated.

Ketoprofen cream as needed: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64, 67-72, 111-13.

Decision rationale: Ketoprofen cream is a Non-Steroidal Anti-Inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. They are primarily recommended for treatment of neuropathic pain. Since this patient does have neuropathic pain and use of Ketoprofen cream has been, effective at functional improvement (improved activities of daily living) continued use is recommended.

