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| Case Number: | CM14-0034166 | | |
| Date Assigned: | 03/21/2014 | Date of Injury: | 09/26/2000 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 Anesthesiology, and is licensed to practice in Massachusetts, New Jersey, Connecticut, and Texas. 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 68 year old female injured on 09/26/00 while changing the sheets on a patient's bed; she experienced sudden severe, low back pain. Clinical documentation indicates the patient has undergone multiple epidural steroid injections to include a medial branch block with 70% pain relief for several weeks. MRI performed on 03/30/09 revealed degenerative disc and facet disease to lower lumbar spine with no evidence of nerve root impingement per previous peer reviews. The documentation also indicates the patient underwent physical therapy and utilized Lidoderm patch. The clinical note dated 04/27/13 indicates the patient reported the Lidoderm patch was helpful in relief of pain symptoms. The most recent medication list dated 02/26/13 included Klonopin, Celexa, Risperdal, Lisinopril, Prilosec, and Norvasc. The clinical note dated 08/06/13 indicates the patient is status post a 3rd lumbar epidural steroid injection with continued leg pain with radiation to the right leg. The objective findings included decreased range of motion and positive right straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

Decision rationale: It was noted on page 122 of the Chronic Pain Medical Treatment Guidelines trigger point injections are recommended for the treatment of chronic low back pain with myofascial pain syndrome when medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. Additionally, radiculopathy must not be present by exam, imaging, or neuro testing. Moreover, there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation provided does establish the failure of the above management therapies. Additionally, there is evidence of radiculopathy on examination. Therefore, the request for trigger point injections to the lumbar spine cannot be recommended as medically necessary.

LIDODERM PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, requested treatment is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. There is no indication in the documentation that these types of medications have been trialed and/or failed. This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore this medication cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.