MAXIMUS Federal Services

Case Number:	CM14-0055739		
Date Assigned:	07/09/2014	Date of Injury:	01/22/2010
Decision Date:	08/28/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 41-year-old female who has submitted a claim for myofascial pain syndrome, C3-C4 facet joint arthropathy, right cervical facet joint pain at C2-3, C3-4, C4-5, right cervical facet joint arthropathy, cervical sprain/strain, right bicep tendinitis, right upper extremity repetitive injury, associated with an industrial injury date of January 22, 2010.Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 05/20/2014, showed right lower neck pain radiating into the right shoulder and right biceps. Physical examination revealed restricted cervical range of motion in all directions secondary to pain. There was focalized trigger points at cervical paraspinals and right trapezius with referred pain upon palpation. There was tenderness of the right biceps, right deltoid, right upper extremity extensor tendons and shoulder, and cervical paraspinal muscles overlying the right C2-C3, right C3-C4, and right C4-C5 facet joints. Cervical facet joint provocative maneuvers were positive. Nerve root tensions signs were negative bilaterally. Muscle strength was 5/5 in the bilateral upper extremities. Treatment to date has included cervical facet nerve radiofrequency ablation, facet joint medial branch block, physical therapy, and medications such as Lidoderm patch prescribed December 2013 and Ultram prescribed March 2014.Utilization review from 04/04/2014 denied the request for the purchase of in-office trigger point injection to the right cervical paraspinal muscle and right trapezius muscle because the patient has not been diagnosed with myofascial pain syndrome. This was the diagnosis required by the current guidelines in order for these injections to be utilized. Also, trigger points were not included in the progress reports or submitted notes. The request for Ultram 50mg #60 with 2 refills was denied because the patient was on Percocet and starting a new opioid would not be indicated. Long-term use of opioids was not recommended and this patient has been taking these types of medications long-term since at least 2012. The request for Lidoderm 5% patches #30 with 2 refills was denied because the

provided indicated Lyrica provided 30% pain relief of right upper extremity pain. The patient has also been on medications, such as Zipsor. There was no indication that the patient has failed or was intolerant to a trial of first-line therapy medications indicating the medical necessity of Lidoderm patches at this time. An appeal letter was denied, dated 05/01/2014, for the previous requests with reasons still the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 In-Office Trigger Point Injection to the Right Cervical Paraspinal Muscle: Overturned

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: 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 has trigger points at cervical paraspinals and right trapezius with referred pain upon palpation. The patient has been diagnosed with myofascial pain syndrome. There was no documented radiculopathy. Furthermore, the recent progress report showed persistent pain despite oral medications. The guideline criteria were met. Therefore, the request for 1 in-office trigger point injection to the right cervical paraspinal muscle is medically necessary.

1 In-Office Trigger Point Injection to the Right Trapezius Muscle: Overturned

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: 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 has trigger points at cervical paraspinals and right trapezius with referred pain upon palpation. The patient has been diagnosed with myofascial pain syndrome. There was no documented radiculopathy. Furthermore, the recent progress report showed persistent pain despite oral medications. The guideline criteria were met. Therefore, the request for 1 in-office trigger point injection to the right trapezius muscle is medically necessary.

60 Ultram 50mg with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

Decision rationale: As stated on page 93-94 of CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Central analgesics such as Ultram are reported to be effective in managing neuropathic pain but opioids are not recommended as first-line therapy for neuropathic pain. Opioids could be considered first-line for following circumstances: prompt pain relief while titrating a first-line drug, treatment of episodic exacerbations of severe pain and treatment of neuropathic pain. In this case, patient was prescribed Ultram since March 2014. However, the patient is currently on another opioid, Percocet. There was no discussion in the records submitted regarding the rationale for prescribing two opioids. There is no clear indication for continued use of Ultram. Therefore, the request for Ultram 50mg #60 with 2 refills is not medically necessary.

30 Lidoderm 5% Patches with 2 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57.

Decision rationale: According to pages 56-57 of CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is the brand name for Lidocaine patch. 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 (antiepileptic drug) such as Gabapentin or Lyrica). In this case, patient was initially on Lyrica and was prescribed Lidoderm patch since December 2013. The current progress report, dated 05/20/2014, cited an appeal for the denial of Lidoderm patch stating it reduced her right trapezius and cervical spine pain by 25% while worn. The medical necessity was established. Therefore, the request for Lidoderm 5% patches #30 with 2 refills is medically necessary.