

Case Number:	CM14-0057665		
Date Assigned:	07/09/2014	Date of Injury:	07/17/2008
Decision Date:	09/30/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/28/2014

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 57-year-old female who has submitted a claim for myofascial pain syndrome, degeneration of cervical intervertebral disc, and displacement of cervical intervertebral disc without myelopathy associated with an industrial injury date of 07/17/2008. Medical records from 09/25/2013 to 07/24/2014 were reviewed and showed that patient complained of neck pain graded 4/10 radiating down the right shoulder. Physical examination revealed tenderness over the right cervical paraspinal muscles and trapezius. Treatment to date has included TENS, physical therapy, trigger point injection (12/06/2013), Norco 10/325 mg (quantity not specified; prescribed since 09/25/2013), Nortriptyline, Celexa, and Lidoderm 5% patches #60 with 2 refills (prescribed since 03/18/2014). Of note, the patient reported good (unquantified) relief and increased level of activity with trigger point injection (03/18/2014). There was no documentation of functional relief with Norco use. Utilization review dated 04/02/2014 denied the request for right cervical trigger point injections because there was no specific documentation of greater than 50% pain relief for six weeks from previous trigger point injection. Utilization review dated 04/02/2014 denied the request for Norco 10/325mg #210 with 2 refills because there was no documentation that the prescriptions were from a single practitioner and lowest dose possible was being prescribed. Utilization review dated 04/02/2014 denied the request for Lidoderm 5% topical film patch, 2 patches to affected area once each day x 1 month because there was no clear documentation of subjective/ objective findings consistent with neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for the use of TPIs (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 complained of neck pain radiating down the right shoulder. However, there was no documentation of circumscribed trigger points, which is part of the criteria for trigger point injection. The patient had previous trigger point injection (12/06/2013) with documentation of unquantified relief (03/18/2014). The guidelines recommend documentation of at least 50% pain relief for six weeks prior to repeat trigger point injection. The patient did not meet the criteria for trigger point injection. Furthermore, there was no documentation of medical management therapy failure. Therefore, the request for Right cervical trigger point injections is not medically necessary.

Norco 10/325mg #210 + 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Chronic Pain Page(s): Page 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Norco 10/325 mg (quantity not specified) since 09/25/2013. However, there was no documentation of functional improvement, pain relief, or urine drug reviews to support continuation of opioids. Therefore, the request for Norco 10/325mg #210 + 2 refills is not medically necessary.

Lidoderm 5% topical film patch, 2 patches to affected area once each day x 1 month, #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Lidoderm. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm (lidoderm patch).

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

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, lidoderm patch is 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). In this case, the patient was prescribed Lidoderm 5% patches #60 with 2 refills since 03/18/2014 for neuropathic pain. There was documented use of nortriptyline 10mg, a tri-cyclic antidepressant. Adjuvant therapy with lidocaine patch has been established. Therefore, the request for Lidoderm 5% topical film patch, 2 patches to affected area once each day x 1 month, #60 with 2 refills is medically necessary.