

Case Number:	CM14-0077145		
Date Assigned:	07/18/2014	Date of Injury:	12/01/2003
Decision Date:	08/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

According to the records made available for review, this is a 47-year-old female with a 12/1/03 date of injury. At the time (4/21/14) of request for authorization for 1 Trigger point injections to the bilateral medial borders or scapula each side, 1 Prescription for Baclofen 5mg #30 with refills, and 1 Prescription for Lidoderm patch #30 with 3 refills, there is documentation of subjective (neck pain radiating below the shoulder blades) and objective (palpable trigger points with a twitch response with deep palpation, decreased cervical spine range of motion, positive Spurling's sign, and hypoesthesia in the posterior arms) findings, current diagnoses (cervical degenerative disc disease, cervical radiculopathy, and fibromyalgia), and treatment to date (medications (including Cymbalta, Valium, and Ibuprofen)). Medical reports identify a request for trigger point injection adjacent to bilateral medial borders of scapulae, three on each side bilaterally at upper, mid, and lower edge of scapula. Regarding Trigger point injections, there is no documentation of myofascial pain syndrome; that additional medical management therapies (physical therapy) have failed to control pain; and that radiculopathy is not present. Regarding Baclofen, there is no documentation of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries. Regarding Lidoderm patch, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger point injections tot he bilateral medial borders or scapula each side: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, cervical radiculopathy, and fibromyalgia. In addition, there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies (ongoing stretching exercises and medications) have failed to control pain; and no more than 3-4 injections per session. However, there is no documentation of myofascial pain syndrome and that additional medical management therapies (physical therapy) have failed to control pain. In addition, given documentation of subjective findings (neck pain radiating below the shoulder blades) and objective findings (hypoesthesia in the posterior arms), there is no documentation that radiculopathy is not present. Therefore, based on guidelines and a review of the evidence, the request for 1 Trigger point injections to the bilateral medial borders or scapula each side is not medically necessary.

1 Prescription for Baclofen 5mg #30 with refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen; Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries, as criteria necessary to support the medical necessity of Baclofen. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, cervical radiculopathy, and

fibromyalgia. However, there is no documentation of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription for Baclofen 5mg #30 with refills is not medically necessary.

1 Prescription for Lidoderm patch #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Lidoderm patches. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, cervical radiculopathy, and fibromyalgia. In addition, there is documentation of neuropathic pain. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription for Lidoderm patch #30 with 3 refills is not medically necessary.