

<b>Case Number:</b>	CM14-0087065		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/21/2004
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Internal 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:

The patient is a 63 year old female who suffered a worker comp injury in 2004. Most recently her M.D. cited the following diagnoses: 1-repetitive stress injury and myofascial pain syndrome in bilateral upper extremities, stenosing tenosynovitis and bilateral upper extremity tenosynovitis, 2-DJD of neck, 3-DJD of thoracic spine, and 4- DJD of the lumbar spine. He requested trigger point injections, Lidocaine patch, and myofascial release. He noted that she had had a flare of her neck and upper extremity pain and the pain had a radicular component. He noted that the patient met criteria for trigger point injection in that she had circumscribed trigger points with palpation and she had twitch response and also referred pain and had a greater than 50% response with prior injections and the injections were at least 2 months in the past. He also noted that in 2012 she had myofascial therapy with excellent results and he wanted to reapply this type of deep tissue massage. Lastly, he states that Lidoderm was indicated because the patient had neuropathic pain and had a prior trial of SSRI's with Celexa and that she was sensitive to NSAID's and other pain medicine. However, the UR denies all three of these treatments.

### 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, Criteria for the use of Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26,40,and 122.

**Decision rationale:** Trigger points are described as discrete focal tenderness in palpable taut tissue of a specific area. It is present in bands of skeletal muscle which produce local twitching and pain in response in about 33-50% of people. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between the associated painful region and a specific trigger point. These injections for pain are not recommended for typical neck or back pain. The chronic pain section lists the following criteria for use of trigger point injections for patients. 1- documentation of circumscribed trigger points should be made and evidence on palpation of twitching response and pain should be noted; 2- symptoms should last more than 3 weeks, 3- other modalities such as exercise, NSAID's, and muscle relaxants should have been attempted and failed, 4- radiculopathy should not be present, 5- repeat injections should not be given unless there is a greater than 50% pain relief documented and functional improvement noted, 6- frequency of injections should not be more often than every 2 months and injection should not be given with any other substance other than a local anesthetic. In the above case we note that the patient had a radicular component and that neck pain and lumbar pain is a component of the pain. We note in the above discussion that these injections are not recommended for neck or back pain and are not used for radicular type of pain. Also we do not note that exercise therapy was not attempted first. Therefore, the UR rejection of this procedure is upheld.

**Six (6) Myofascial therapy/deep tissue trigger point massage:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 146.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pub Med Articles myofascial release.

**Decision rationale:** Myofascial release is a procedure that is not widely used and has no apparent good research to back it up. Gentle pressure is applied to myofascial connective tissue restrictions to eliminate pain and restart motion. Trauma, inflammation, and surgery are all causative in causing this type of soft tissue pain. It is noted to be safe and able to stretch and relieve tightness and pain in myofascial pain syndromes in different body parts. Although there is little research to back up the efficacy of this treatment we do note that it is safe and does not really appear to have a lot of side effects. We also note that the patient received excellent result of this treatment in 2012. Therefore, this treatment is medically indicated for this patient and the UR decision is reversed.

**Lidoderm 5% patch #30:** Upheld

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

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

**Decision rationale:** The chronic pain section notes that Lidoderm is used for localized peripheral pain after a trial of a first line med such as tricyclic, SNRI or Neurontin or Lyrica has been instituted and that it is just FDA approved for treatment of post herpetic neuralgia and that further research needs to be done before it can be recommended for neuropathic pain of other etiologies. Up to Date notes that Lidocaine patches have potential side effects of tachycardia, anxiety, confusion, somnolence, angioedema and hypoxia .It also notes that Lidocaine patches have been shown to be efficacious and well tolerated in treatment of post herpetic pain and also allodynia secondary to other types of peripheral neuropathic pain. It also notes that it is best in localized neuropathic pain and is often used in conjunction with other medications in treatment of this type of pain. It states that neuropathic pain is often not controlled by just one medicine and often needs a combination of meds in order to be treated. In the above patient there is no comment about prior treatment with either Lyrica or Neurontin, which are both used prior to the use of Lidoderm patches. Also there is no mention of the use of such medications such as Elavil which is also used for neuropathic pain. Therefore, the UR denial is justified and the denial of the use of Lidocaine patches in this patient.