

Case Number:	CM14-0197508		
Date Assigned:	12/05/2014	Date of Injury:	12/03/1990
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Georgia. 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 73-year-old male presenting with a work-related injury on December 3, 1990. Patient has been treated for chronic neck pain. The patient is status post cervical discectomy and fusion, C5 - C7. On September 24, 2014 the patient complained of continued neck pain and stiffness radiating to right trapezius. The pain is associated with acute exacerbation of neck pain and stiffness that keeps them awake at night. The physical exam was significant for cervical spine tenderness in the posterior cervical and left trapezius muscles with active spasm in the left trapezium. The patient has tried surgery, trigger point injections, Celebrex and physical therapy. The patient reports that the Celebrex provide some benefit in two point injections only provide temporary benefit. Patient was diagnosed with status post anterior cervical discectomy and fusion, C5 - C7 and cervical stenosis C3-4 and C4-5. The provider recommended trigger point injections and a topical cream consisting of Baclofen, Cyclobenzaprine, Flurbiprofen, and Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: Lidocaine/Flurbiprofen 5/ 20% 120 gm with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-111.

Decision rationale: Lidocaine/Flurbiprofen 5/ 20% 120 gm with 2 refills is not medically necessary. According to guidelines "topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Per CA MTUS, topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics such as Lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain is not recommended; therefore, the compounded mixture is not medically necessary.

1 trigger point injection to the left trapezius (4 cc of Lidocaine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 84.

Decision rationale: 1 trigger point injection to the left trapezius (4 cc of Lidocaine) is not medically necessary. Per CA MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed; Additionally, the patient reported only temporary benefit with trigger point injections, however there is not quantifiable response; therefore, the requested service is not medically necessary.