

<b>Case Number:</b>	CM14-0198813		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 62 year old female with an injury date of 03/06/13. As per 10/29/14 progress report, the patient predominantly complains of lower back pain accompanied by intermittent neck and left knee pain. Physical examination of the cervical spine reveals restricted range of motion with flexion at 40 degrees, extension at 30 degrees, left lateral rotation at 45 degrees, and right lateral rotation at 50 degrees. There is tenderness to palpation in the midline L4-S1 region, and bilateral paraspinal muscles along with positive crepitation and mild effusion. Per progress report dated 09/15/14, the patient's low back pain is rated at 7/10. It radiates to bilateral posterolateral lower extremities and to feet on L4-5 and L5-S1 distributions. The pain in the lower extremities is accompanied by tingling, numbness and weakness. Physical examination reveals loss of normal spinal lordosis. The patient has received physical therapy and acupuncture for cervical and lumbar spine and benefited therefrom, as per progress report dated 10/29/14. The patient is also taking Tylenol # 3 for pain management. The patient's work status has been determined as totally and temporarily disabled, as per progress report dated 10/29/14. MRI of the Lumbar Spine, 10/09/13, as per progress report dated 09/15/14:- 2 mm broad-based posterior left posterolateral disk/endplate osteophyte complex at L2-3 level indenting the anterior aspect of the thecal sac.- Mild degrees of central stenosis at L3-4 secondary to hypertrophic changes- A moderate degree of central canal stenosis at L4-5 secondary to hypertrophic changes- 2 mm right posterolateral disk/endplate osteophyte complex encroaching into right neural foramen and one on the left side measuring about 5 mm and encroaching into the left neural foramen- Mild-to-moderate narrowing of the right neural foramen- Marked narrowing of the left neural foramen- Hypertrophic changes at facet joints at L5-S1 Diagnoses, 10/29/14:- Cervicothoracic strain/arthrosis- Lumbosacral strain/arthrosis last discopathy, with central and foraminal/foraminal stenosis- Status post left knee contusion, resolved- Status post left leg

abrasion, resolvedThe treater is requesting for (a) TORADOL 60 mg 2 CC INJECTION (b) XYLOCAINE 1% 1 CC INJECTION (c) KENALOG 1 CC INJECTION (d) LIDOCAINE 2 CC INJECTION. The utilization review determination being challenged is dated 11/10/14. The rationale follows:(a) 2 cc of 60 mg of Toradol with 1 cc of 1% Xylocaine, Right Gluteus region - There is no documentation of exacerbation in acute pain. Additionally, "inclusion of Xylocaine is consistent with trigger point injection but Toradol is not recommended by CA MTUS guidelines for trigger point injections."(b) "1 cc of Kenalog with 2 cc of Lidocaine injection, Right Paraspinal Muscle Trigger Point - "There is no specific documentation of 'circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain."Treatment reports were provided from 03/10/14 - 11/24/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Toradol 60mg 2 cc injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The patient predominantly complains of lower back pain accompanied by intermittent neck and left knee pain, as per progress report dated 10/29/14. The request is for Toradol 60 mg 2cc Injection. Per progress report dated 09/15/14, the patient's low back pain is rated at 7/10. MTUS states regarding Ketorolac on page 70, "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral Ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." In progress report dated 10/29/14, the provider states that "Under sterile conditions the patient was given 2 cc of 60 mg of Toradol with 1 cc of 1% Xylocaine into the right gluteus medius region." Only one progress report dated 05/12/14 mentions the prescription of an oral NSAID. It is not clear why the patient needs Toradol injection as opposed to taking oral NSAIDs, which provides comparable level of analgesia. Additionally, MTUS does not recommend this medication for "minor or chronic pain." This request is not medically necessary.

**Kenalog 1cc injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,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:** The patient predominantly complains of lower back pain accompanied by intermittent neck and left knee pain, as per progress report dated 10/29/14. The request is for Kenalog 1cc Injection. Per progress report dated 09/15/14, the patient's low back pain is rated at 7/10. The MTUS Guidelines, on page 122, state that "trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." A review of the available progress reports does not indicate prior trigger point injection. Physical examination reveals myofascial trigger points at L3-S1 level, as per progress report dated 09/15/14. However, the patient's low back pain radiates to the lower extremities to produce numbness and tingling. Additionally, the patient has received physical therapy and acupuncture for cervical and lumbar spine and benefited therefrom, as per progress report dated 10/29/14. MTUS guidelines do not support trigger point injections in patients with radiculopathy who are benefiting from conservative care. This request is not medically necessary.

**Lidocaine 2cc injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The patient predominantly complains of lower back pain accompanied by intermittent neck and left knee pain, as per progress report dated 10/29/14. The request is for Lidocaine 2cc injection. Per progress report dated 09/15/14, the patient's low back pain is rated at 7/10. The MTUS Guidelines, on page 122, state that "trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In progress report dated 10/29/14, the

provider states that "1 cc of Kenalog with 2 cc of lidocaine injection into the right paraspinal muscle trigger point." The UR letter states the same thing. There is no Request for Authorization for this case. However, the intake sheet mentions Kenalog and Lidocaine as separate requests. While the provider does not explain the need for anesthesia in this patient, lidocaine can be given along with another injection, Kenalog injection in this case, to lower the pain associated with the procedure. However, patient does not meet the criteria for trigger point injection. Hence, anesthesia with lidocaine injection is not medically necessary.

**Xylocaine 1% 1cc injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: DAILYMED from the US National Library of Medicine at <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=84da743b-1ed2-4ddd-acd3-86fafd3d65c7>

**Decision rationale:** The patient predominantly complains of lower back pain accompanied by intermittent neck and left knee pain, as per progress report dated 10/29/14. The request is for Xylocaine 1% 1cc Injection. Per progress report dated 09/15/14, the patient's low back pain is rated at 7/10. MTUS, ACOEM and Official Disability Guidelines are silent on Xylocaine (lidocaine) injections. The website DAILYMED from the US National Library of Medicine at states that "Lidocaine Hydrochloride Injection, USP is indicated for production of local or regional anesthesia by infiltration techniques such as percutaneous injection and intravenous regional anesthesia by peripheral nerve block techniques such as brachial plexus and intercostal and by central neural techniques such as lumbar and caudal epidural blocks, when the accepted procedures for these techniques as described in standard textbooks are observed." In progress report dated 10/29/14, the provider states that "Under sterile conditions the patient was given 2 cc of 60 mg of Toradol with 1 cc of 1% Xylocaine into the right gluteus medius region." The UR letter also states the same thing. There is no Request for Authorization for this case. However, the intake sheet mentions Toradol and Xylocaine as separate requests. While the provider does not explain the need for anesthesia in this patient, lidocaine can be given along with another injection, Toradol injection in this case, to lower the pain associated with the procedure. Nonetheless the need for Toradol injection has not been established. Hence, the request for anesthetic Xylocaine injection is not medically necessary.