

<b>Case Number:</b>	CM15-0139331		
<b>Date Assigned:</b>	08/20/2015	<b>Date of Injury:</b>	04/06/2001
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 56 year old male, who sustained an industrial injury on April 6, 2001. He reported an unconscious episode followed by neck pain radiating down his left side, headaches, left hand pain, and right lower back pain radiating down his leg to his feet and toes sustained in a fall. The injured worker was diagnosed as having cervical facet arthropathy, cervical stenosis, cervical myofascial strain, cervicgia, lumbar myofascial strain, lumbago, and lumbar facet arthropathy. Diagnostic studies to date have included On March 13, 2013, an electromyography study of the neck and bilateral extremities revealed moderate bilateral carpal tunnel syndrome and bilateral L5-S1 (lumbar 5-sacral 1) radiculopathy versus peroneal neuropathy at the ankle. On April 9, 2015, MRIs of the cervical and lumbar spines were performed. The cervical spine MRI revealed disk abnormality and facet arthropathy with focal protrusions at T2-3 (thoracic 2-3) and T3-4 (thoracic 3-4). There was mild to moderate canal stenosis at C5-6 (cervical 5-6) and mild canal stenosis at C6-7 (cervical 6-7). There was moderate to severe at right and moderate left C3-4 (cervical 3-4) neural foraminal narrowing, moderate right and moderate to severe left C5-6 neural foraminal narrowing, moderate right, moderate left C6-7 neural foraminal narrowing, and mild left C7-T1 (cervical 7-thoracic 1) neural foraminal narrowing. The lumbar spine MRI revealed degenerative disk disease and facet arthropathy with postoperative changes, retrolisthesis at L1-2 (lumbar 1-2) and L2-3 (lumbar 2-3), mild L3-4 (lumbar 3-4) and mild to moderate L4-5 (lumbar 4-5) canal stenosis, and neural foraminal narrowing including moderate bilateral L1-2, mild to moderate right and moderate to severe left L2-3, severe bilateral L3-4, mild right and mild caudal left L4-5, and severe bilateral L5-S1 (lumbar 5-sacral 1). Surgeries to

date have included a right L5-S1 rhizotomy in 2013 and back surgery. Treatment to date has included psychotherapy, a neck brace, lumbar medial branch blocks, physical therapy, chiropractic therapy, acupuncture, ice, heat, and medications including opioid analgesic, topical analgesic, antidepressants, benzodiazepine, muscle relaxant, and non-steroidal anti-inflammatory. On March 10, 2015, he underwent cervical and left trapezius trigger point injections, which provided 4 hours of headache relief. Other noted dates of injury documented in the medical record include 1991. Comorbid diagnoses included history of hypertension, alcoholism, and adjustment disorder with depression and anxiety. On May 5, 2015, the injured worker reported continued headaches every 3-4 days. Associated symptoms include sensitivity to light and loud noises. He reported continued difficulty falling to sleep despite trying a new sleeping pill. He reported his headaches decreased after the trigger point injections on March 10, 2015. He was awaiting authorization for physical therapy. He reported neck pain with increased pain when looking up or working overhead and numbness, pins, and needles in both hands. Heat and massage helps his pain. He reported right-sided low back pain and burning pain in the groin region. The physical exam revealed normal bilateral reflexes, intact sensation from C2 to S2 (sacral 2), and normal strength with full range of motion in all major joints and myotomes C2 to sacral 2 and all extremities. There was hypertonicity of the left greater than right trapezius, bilateral C2-6 paraspinals, and bilateral L3-S1 paraspinals. There was tenderness to palpation of the left cervical paraspinals, left trapezius, and right L4-S1 facet joints. There was limited cervical flexion and bilateral rotation, limited bilateral lumbar extension, and positive right lumbar facet loading. During the visit, he underwent 3 bilateral trapezius trigger point injections. Requested treatments include Ketoprofen cream 20%, Pamelor, and 3 bilateral trapezius trigger point injections.

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

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

**Topical compound: Ketoprofen cream 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111, 112.

**Decision rationale:** Ketoprofen 20% is a topical NSAID medication. The MTUS Guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The request for topical compound: Ketoprofen cream 20% is not medically necessary.

**Pamelor 25mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 14.

**Decision rationale:** Per MTUS guidelines, tricyclic antidepressants such as Pamelor are recommended as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. Other recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options. Tricyclics are also recommended for non-neuropathic pain as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. In guidelines for painful rheumatic conditions recommended by Perrot, it was suggested that antidepressants may be prescribed as analgesics in non-depressed patients, with the first-line choice being tricyclics initiated at a low dose, increasing to a maximally tolerated dose. In this case, the latest objective physical examination does not provide ongoing evidence of neuropathic pain. Additionally, there is no documentation of continued pain relief or functional improvement with the prior use of Pamelor. The request for Pamelor 25mg #30 is not medically necessary.

**3 bilateral trapezius trigger point injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Section Page(s): 122.

**Decision rationale:** The MTUS Guidelines recommend the use of trigger point injections for myofascial pain syndrome as indicated, with limited lasting value. It is not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. 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 this case, the injured worker has underwent previous trapzius trigger point injections with only 4 hours of relief, therefore, the request for 3 bilateral trapezius trigger point injections is not medically necessary.