

<b>Case Number:</b>	CM15-0149006		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Arizona, Michigan

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 75 year old male, who sustained an industrial injury on November 26, 2014. He reported slipping and falling forward hitting his head on a chain link fence. The injured worker was diagnosed as having status post fall with a left rotator cuff tear with frozen shoulder, myofascial pain syndrome of the left shoulder, Concussion with minimal dizziness, and history of atrial fibrillation on Coumadin. Treatments and evaluations to date have included MRI, x-rays, physical therapy, home exercise program (HEP), and medication. Currently, the injured worker reports left shoulder pain with decreased range of motion (ROM) and weakness. The Treating Physician's report dated July 15, 2015, noted the injured worker's shoulder with tenderness to palpation over the left shoulder, trapezius, and left upper extremity, with weakness on the left side secondary to pain, and decreased neck range of motion (ROM). The injured worker noted he did not want surgery on the shoulder which is markedly impaired. The Physician noted there seemed to be a myofascial component with diffuse tenderness over the shoulder, neck, and arm. The treatment plan was noted to include a referral for deep tissue trigger point massage, consideration of a Xylocaine trigger point injections to the tender muscles on the left, and a prescription for Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The MTUS Chronic Pain Medical Treatment Guidelines notes that trigger point injections have limited lasting value and are recommended only for myofascial pain, not recommended for radicular pain. "These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain." The criteria for trigger point injections includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, with symptoms that have persisted for more than three months, documentation that medical management therapies such as ongoing stretching exercises, physical therapy, non-steroid anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain, radiculopathy is not present by exam, imaging, or neuro-testing, no more than 3-4 injections per session, 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, with frequency not be at an interval of less than two months, and trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The documentation provided did not include physical examination documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation provided did not indicate that the injured worker had failed medical management therapies such as ongoing stretching exercises, physical therapy, non-steroid anti-inflammatory drugs (NSAIDs), or muscle relaxants. The physician did not identify the trigger point therapy specifics such as the exact location of the trigger points or the number of injections. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for trigger point injections for the left shoulder and therefore is not medically necessary.

**Lidoderm 5% patch #30 prescribed 7-15-15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Lidocaine is indicated for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line anti-depressants or antiepilepsy drugs. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) designated for orphan status by the FDA for neuropathic pain, and may also be used off-label for diabetic neuropathy. The guidelines note that further research would be needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation provided failed to include documentation of a physical examination or diagnosis to support neuropathic pain or post-herpetic neuralgia. The treating physician's request did not include the site of application and as such, the prescription is not sufficient. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Lidoderm 5% patch #30 prescribed July 15, 2015 and therefore is not medically necessary.