

Case Number:	CM15-0215592		
Date Assigned:	11/05/2015	Date of Injury:	03/07/2003
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 69 year old male, who sustained an industrial injury on 3-7-03. The injured worker was diagnosed as having myofascial pain syndrome and chronic lumbar strain. Subjective findings (4-16-15, 6-18-15, 8-25-15 and 9-1-15) indicated right iliolumbar ligament pain with radiation down the right lower extremity. The injured worker is not currently working. The injured worker rated his pain 5-7 out of 10 with medications and 9 out of 10 without medications. Objective findings (4-16-15, 6-18-15, 8-25-15 and 9-15-15) revealed decreased lumbar range of motion, tenderness to palpation in the right iliolumbar ligament and right L5 paraspinal muscle and decreased sensation in the right foot. As of the PR2 dated 10-6-15 the injured worker reported increased lower back pain with some pain in the right buttock with numbness and spasms. Objective findings include a negative straight leg raise test, spasms in the bilateral paraspinal muscles positive iliolumbar trigger points. Current medications include Naprosyn, Omeprazole, Flexeril, Neurontin, Savella (started on 10-6-15) and Methoderm (started on 10-6-15). Treatment to date has included Norco and a lumbar MRI on 12-10-14 showing diffuse facet arthropathy which is severe at L4-L5. The Utilization Review dated 10-16-15, non-certified the request for Savella 12.5mg #60 x 2 refills, Methoderm gel #2 and trigger point injections #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 12.5mg #60 with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury occurring in March 2003 when he injured his low back while working as a mover. He was seen for an initial evaluation by the requesting provider on 08/25/15. Treatments had included chiropractic care, physical therapy, medications, and injections. There had been improvement after an epidural injection done approximately one year before. He was having pain over the right iliolumbar ligament with some radiation of pain down the right lower extremity with intermittent numbness and tingling. He was having acute right lumbosacral paraspinal muscle area spasms. Physical examination findings included decreased lumbar spine range of motion. There was tenderness with trigger points and muscle spasms to the right iliolumbar ligament and right lumbosacral paraspinal muscles. He had decreased right lower extremity strength and sensation with positive straight leg raising and a decreased right ankle reflex. Naproxen, omeprazole, gabapentin, and Flexeril were prescribed. When seen in October 2015 he was having increased lumbar pain. He was having right buttock pain with numbness and spasms. He was taking medications with relief. Acupuncture treatments were pending. Physical examination findings included right iliolumbar trigger points. Straight leg raising was negative. There was decreased lumbar spine range of motion. He had bilateral paraspinal muscle spasms. Methoderm, Savella, and trigger point injections were requested. Savella (milnacipran) is a selective serotonin and norepinephrine reuptake inhibitor. It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and used off-label for neuropathic pain and radiculopathy. In this case, the claimant is being treated for neuropathic pain with medications including gabapentin. He has reported improvement with gabapentin without reported adverse side effect and is not taking the maximum recommended dose. Adding another medication for neuropathic pain without continued titration of gabapentin is not medically necessary.

Methoderm gel # 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2003 when he injured his low back while working as a mover. He was seen for an initial evaluation by the requesting provider on 08/25/15. Treatments had included chiropractic care, physical therapy, medications, and injections. There had been improvement after an epidural injection

done approximately one year before. He was having pain over the right iliolumbar ligament with some radiation of pain down the right lower extremity with intermittent numbness and tingling. He was having acute right lumbosacral paraspinal muscle area spasms. Physical examination findings included decreased lumbar spine range of motion. There was tenderness with trigger points and muscle spasms to the right iliolumbar ligament and right lumbosacral paraspinal muscles. He had decreased right lower extremity strength and sensation with positive straight leg raising and a decreased right ankle reflex. Naproxen, omeprazole, gabapentin, and Flexeril were prescribed. When seen in October 2015 he was having increased lumbar pain. He was having right buttock pain with numbness and spasms. He was taking medications with relief. Acupuncture treatments were pending. Physical examination findings included right iliolumbar trigger points. Straight leg raising was negative. There was decreased lumbar spine range of motion. He had bilateral paraspinal muscle spasms. Methoderm, Savella, and trigger point injections were requested. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. The claimant has localized peripheral pain affecting the low back that could be amenable to topical treatment. Over the counter salicylate topical medications are a first-line treatment. Generic medication is available and substitution would be expected. The request is medically necessary.

Trigger Point Injections # 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2003 when he injured his low back while working as a mover. He was seen for an initial evaluation by the requesting provider on 08/25/15. Treatments had included chiropractic care, physical therapy, medications, and injections. There had been improvement after an epidural injection done approximately one year before. He was having pain over the right iliolumbar ligament with some radiation of pain down the right lower extremity with intermittent numbness and tingling. He was having acute right lumbosacral paraspinal muscle area spasms. Physical examination findings included decreased lumbar spine range of motion. There was tenderness with trigger points and muscle spasms to the right iliolumbar ligament and right lumbosacral paraspinal muscles. He had decreased right lower extremity strength and sensation with positive straight leg raising and a decreased right ankle reflex. Naproxen, omeprazole, gabapentin, and Flexeril were prescribed. When seen in October 2015 he was having increased lumbar pain. He was having right buttock pain with numbness and spasms. He was taking medications with relief. Acupuncture treatments were pending. Physical examination findings included right iliolumbar trigger points. Straight leg raising was negative. There was decreased lumbar spine range of

motion. He had bilateral paraspinal muscle spasms. Mentoderm, Savella, and trigger point injections were requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented and a trigger point injection is not considered medically necessary.