

Case Number:	CM15-0216924		
Date Assigned:	11/06/2015	Date of Injury:	01/01/2005
Decision Date:	12/21/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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 44-year-old female who sustained an industrial injury 01-01-05. A review of the medical records reveals the injured worker is undergoing treatment for complex regional pain syndrome of both upper extremities, right radial nerve injury, right metacarpal phalangeal carpometacarpal, radicular pain radiation from the neck to the C6 dermatomal distributions bilaterally, thoracic outlet syndrome, anxiety related to chronic pain, bilateral forearm tendonitis, medication sensitivity, right wrist metacarpal phalangeal joint edema, cervical degenerative disc disease thoracic strain, depression, and left upper extremity strain, derivative compensatory injury from guarding to the right upper extremity and overusing the left with left upper extremity paresthesias in the ulnar distribution. Medical records (09-28-15) reveal the injured worker reports "significantly decreased" trapezius symptoms following her trigger point injections. She reports decrease in pain by 50%. She reports gabapentin has decreased neuralgia by over 50% and neuralgia induced insomnia has decreased. She reports throbbing migraine headaches, associated with nausea, sensitivity to light and sound. She also reports fatigue, likely from the Lidocaine. Other complaints include neck pain, stiffness and soreness, muscle and joint pain, stiffness and back pain, dizziness, weakness, numbness, tingling, and tremors, stress, depression, memory loss, and anxiety. The physical exam (09-28-15) reveals tenderness and restricted range of motion of the cervical spine as well as tenderness at the anterior lateral and posterior regions of the chest, provoked by minimal pressure. Shoulder range of motion was painful and restricted. Trigger points and twitch responses were evocable on the bilateral trapezius muscles. Biceps remained hypersensitive. Forearms and wrists were

also tender. Prior treatment includes stretches, paraffin wax therapy, leg exercises, daily walks, and medications including Lidocaine, Capsaicin, gabapentin, and trigger point injections. The original utilization review (10-09-15) non-certified the request for 3 trigger point injections to the left shoulder and neck every 6-8 weeks, and lidocaine 4% #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the left shoulder and neck muscles qty 3 sessions (every six to eight weeks): Upheld

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

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

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in January 2005 and is being treated for chronic pain with diagnoses including bilateral upper extremity CRPS, thoracic outlet syndrome, and cervical degenerative disc disease. In March 2015, trigger point injections were being done with increased activities of daily living and exercise capability. Trigger point injections were performed in April, June, August and September 2015. When seen on 09/28/15 the last injection had been two weeks before. She reported a more than 50% decrease in pain after the injections. A VAS pain table however shows pain scores of 4-7/10 with pain scores at the prior evaluation ranging from 4-6/10. There were bilateral trapezius trigger points with twitch responses. There were upper rib, scalele, trapezius, and scapular muscle spasms. Authorization is being requested for a prospective series of trigger point injections and for topical lidocaine. Medications include gabapentin at 500 mg per day. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, two weeks after the last trigger point injection procedure the claimant had no decrease in pain as reported through detailed VAS scores. Although twitch responses in the trapezius muscles is reported, there is no described pattern of referred pain and muscles with findings of spasms only are being requested. A series of planned trigger point injections would not be appropriate, as a repeat injection would be dependent on the response to the previous injection. For these reasons, the request is not appropriate or medically necessary.

Lidocaine 4% qty 120: 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): Antiepilepsy drugs (AEDs), Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in January 2005 and is being treated for chronic pain with diagnoses including bilateral upper extremity CRPS, thoracic outlet syndrome, and cervical degenerative disc disease. In March 2015, trigger point injections were being done with increased activities of daily living and exercise capability. Trigger point injections were performed in April, June, August and September 2015. When seen on 09/28/15 the last injection had been two weeks before. She reported a more than 50% decrease in pain after the injections. A VAS pain table however shows pain scores of 4-7/10 with pain scores at the prior evaluation ranging from 4-6/10. There were bilateral trapezius trigger points with twitch responses. There were upper rib, scalele, trapezius, and scapular muscle spasms. Authorization is being requested for a prospective series of trigger point injections and for topical lidocaine. Medications include gabapentin at 500 mg per day. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, the claimant has chronic pain including a diagnosis of CRPS. However, medications include oral gabapentin at a daily dose of 500 mg per day without reported adverse side effect and with reported 50% benefit. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. Since the claimant has not undergone an adequate trial of gabapentin, topical lidocaine cannot be accepted as being medically necessary.