

<b>Case Number:</b>	CM15-0218839		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	04/03/1998
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Texas, Florida, 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 51 year old female, who sustained an industrial injury on 4-3-98. Medical records indicate that the injured worker is undergoing treatment for myofascial pain syndrome in the neck, upper shoulder and right posterior buttock, lumbar multilevel disc protrusions, possible sacral one radicular pain, carpal tunnel syndrome and chronic neck pain. The injured worker is currently working. On (10-19-15) the injured worker complained of headaches, neck pain and right upper extremity pain. The injured worker noted that the use of Norco continues to bring her overall pain down from 8 out of 10 to 4 out of 10 on the visual analog scale. Objective findings revealed continued limited range of motion of the cervical spine. The injured worker had significant tenderness to palpation with a positive jump response to the upper trapezius muscle and a trigger point that radiated pain into the neck and head. A subsequent progress report (9-21-15) notes that the injured workers pain levels go from 8 out of 10 to 6 out of 10 with medications. Treatment and evaluation to date has included medications, electrodiagnostic studies, epidural steroid injections, a transcutaneous electrical nerve stimulation unit, trigger point injections, right carpal tunnel release, right trigger finger release and right ulnar nerve release surgery. The treating physician noted that the injured worker had trigger point injections several months prior, which provided significant benefit for several weeks at a time. Current medications include Norco (since at least March of 2015), Zoloft, Lidoderm patches (since at least Mach of 2015), Lyrica, Ambien, Amitriptyline and Voltaren gel. The Request for Authorization dated 10-27-15 included requests for Norco 10-325mg #180, Lidoderm patches 5% #120 with 3 refills and repeat trigger point injections to the right upper

trapezius #1. The Utilization Review documentation dated 11-3-15 non-certified the requests for Norco 10-325mg #180, Lidoderm patches 5% #120 with 3 refills and repeat trigger point injections to the right upper trapezius #1.

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

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

**Norco 10/325mg QTY: 180: 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): Opioids for chronic pain.

**Decision rationale:** This claimant was injured now 17 years ago, in 1998. The claimant is working. The medicine brings the pain down by 4 points on the Visual Analogue Scale. Trigger point injections reportedly also brought improvement, but objective functional improvement was not documented. The Norco has been in use since March. The objective, functional, measurable improvement on the regimen is not evident. No classic triggering is noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section, Page 79, 80 and 88 of 127: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

**Lidoderm patch 5% (3 refills) QTY: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** As shared, this claimant was injured now 17 years ago, in 1998. The claimant is working. The medicine brings the pain down by 4 points. Trigger point injections

reportedly brought improvement. The Norco has been in use since March. The objective, functional, measurable improvement on the regimen is not evident. No classic triggering is noted. There is no mention of why topical medicines are needed, such as GI intolerance to oral medicine. LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS (Pg. 112 of 127) notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.

#### **Repeat Trigger Point Injections (Right Upper Trapezius) QTY: 1: 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:** As noted, this claimant was injured now 17 years ago, in 1998. The claimant is working. The medicine brings the pain down by 4 points. Trigger point injections reportedly brought improvement. The Norco has been in use since March. The objective, functional, measurable improvement on the regimen is not evident. No classic triggering is noted. The MTUS (Page 47 of 127) notes 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. Classic triggering was not demonstrated. The patient has had them repeatedly in the past without long term, objective, functional benefit. The request is appropriately not medically necessary.