

<b>Case Number:</b>	CM15-0054808		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Montana

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:

This 50 year old male sustained an industrial injury on 4/23/07. He subsequently reported low back pain with radiation to the lower extremities. Diagnoses include myofascial pain syndrome lumbar radiculopathy and lumbar spine strain. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery, trigger point injections, chiropractic care, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. A request for trigger point injections to the lumbar spine with 5 cc 1% lidocaine with 40mg Kenalog under ultrasound, quantity 4 and Lidopro 4% ointment 121 gm, quantity 2 was made by the treating physician.

### 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 lumbar spine with 5 cc 1% lidocaine with 40mg Kenalog under ultrasound, quantity 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Trigger point injections.

**Decision rationale:** The MTUS in the ACOEM guidelines notes that trigger point injections are not recommended for low back complaints. The ODG guidelines state that trigger point injections are not recommended in the absence of myofascial pain syndrome. See Criteria for use below. See the Pain Chapter for more information and references. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. The evidence for TPIs when used as a sole treatment for patients with chronic low-back pain (regardless of injectate) is inconclusive and the treatment does not appear to be more effective than treatments such as laser or ultrasound. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. These injections are not recommended for typical chronic low back or neck pain, nor are they recommended for radicular pain. (Scott, 2005) (Scott, 2008) The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Steroid injection is not generally recommended nor is Botulinum toxin. (Bigos, 1999) (Nelemans-Cochrane, 2000) (Vad, 2002) (BlueCross BlueShield, 2004) (van Tulder, 2006) (VanTulder-BMJ, 2004) (Peloso, 2007) (Ho, 2007) An updated Cochrane review of injection therapies (ESIs, facets, trigger points) for low back pain concluded that there is no strong evidence for or against the use of any type of injection therapy. (Staal-Cochrane, 2009) Criteria for the use of Trigger point injections: Trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome (MPS) 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 an indication (however, if a patient has MPS plus radiculopathy a TPI may be given to treat the MPS); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use 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; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be re-examined as this may indicate an incorrect diagnosis, a lack of success with this procedure. In this case trigger points are noted on examination and there is a diagnosis of myofascial pain syndrome. Previous trigger point injections did provide 75% relief for more than 6 weeks. The Utilization Review on 3/9/15 certified the 4 trigger point injections but without ultrasound guidance. The treatment guidelines do not support or recommend the use of ultrasound guidance. As such, the request for trigger point injections to the lumbar spine with 5 cc 1% lidocaine with 40mg Kenalog under ultrasound, quantity 4 is not medically necessary.

**Lidopro 4% ointment 121gm, quantity 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs; Lidocaine Indication.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The MTUS states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Their use is largely experimental with few randomized controlled trials to determine efficacy or safety. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The ODG guidelines also state that Lidoderm patches are not a first-line treatment and are FDA approved only for postherpetic neuralgia. In this case, the injured worker does not have postherpetic neuralgia. Other than Lidoderm patches, there are no other commercially approved topical formulations of lidocaine indicated for neuropathic pain. LidoPro contains lidocaine (Topical Anesthetic), Methyl Salicylate 27.5% (Topical Analgesic/NSAID), menthol 10% (Topical Analgesic), and Capsaicin 0.0325% (Topical Anesthetic). Menthol is not a recommended topical analgesic. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for LidoPro topical with refills is not consistent with the MTUS guidelines and is not medically necessary.