

Case Number:	CM15-0058180		
Date Assigned:	04/02/2015	Date of Injury:	10/02/2003
Decision Date:	05/12/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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: California

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 55 year old female, who sustained an industrial injury on October 2, 2003. She has reported neck pain, shoulder pain, arm pain, lower back pain, and leg pain. Diagnoses have included cervical spine myoligamentous injury, bilateral carpal tunnel syndrome, reactionary depression/anxiety, medication induced gastritis, and right rotator cuff tear. Treatment to date has included medications, successful spinal cord stimulator trial, cervical spine epidural steroid injection, shoulder injection, lumbar spine surgery, imaging studies, and diagnostic testing. A progress note dated September 8, 2014 indicates a chief complaint of improved neck pain and right arm pain following the cervical spine epidural steroid injection, but increasing left arm pain. The injured worker also complained of lower back pain radiating to the legs, and depression. The treating physician requested medications and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four triggers point injections: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trigger point injections (TPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injections Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. In this case, there has been extensive conservative treatment with pain management over years. Within the documentation available for review, there are physical examination findings consistent with trigger points, and a progress note from 9/8/2014 actually documents tenderness to palpation and 'trigger points' in the lumbar spine. Given this, the request is medically necessary.

Lido Pro topical analgesic ointment 121 gr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Regarding request for LidoPro, LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or anti-epileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Therefore, guidelines do not support the use of topical lidocaine preparations which are not in patch form and the lidocaine component of this preparation makes the entire formulation not recommended. The currently requested LidoPro is not medically necessary.