

<b>Case Number:</b>	CM14-0134085		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	08/03/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a female patient with a date of injury of August 3, 2001. A utilization review determination dated August 8, 2014 recommends non-certification of a trigger point injection, BCFL cream (baclofen 2%, cyclobenzaprine 2%, flurbiprofen 15%, lidocaine 5%) 120 gm with 2 refills, and one followed visit. A progress note dated June 17, 2014 identifies subjective complaints of acute exacerbation of neck pain, stiffness and muscle spasm of the left trapezium with occasional radiation down the arm, the patient denies any new injury or trauma, the patient has been taking Relafen with some benefit, continued complaints of pain in the right hand and wrist exacerbated with gripping/grasping, and there is no locking of the left thumb. Physical examination identifies slight tenderness over the A1 pulley of the left thumb, no active triggering of the left thumb noted, tenderness over the first dorsal compartment of the right hand and wrist, mildly positive Finkelstein's test of the right hand, tenderness of the posterior cervical and left trapezius musculature with active spasm of the left trapezium, the patient can forward flex to within one finger breadth of chin to chest, cervical extension is at 10, cervical lateral rotation to 60 bilaterally, and upper extremity strength is intact. Diagnoses include flexor tenosynovitis of the left thumb, right de Quervain's stenosing tenosynovitis, and cervical myofascial pain with acute exacerbation. The treatment plan recommends proceeding with one trigger point injection into the left trapezium, refill of Relafen 500 mg #60, and a prescription for BCFL cream (baclofen 2%, cyclobenzaprine 2%, flurbiprofen 15%, lidocaine 5%) 120 gm with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for a trigger point injection, 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. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested trigger point injection is not medically necessary.

**BCFL cream (Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 15%, Lidocaine 5% ) 120 gm with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** Regarding the request for BCFL cream (baclofen 2%, cyclobenzaprine 2%, flurbiprofen 15%, lidocaine 5%) 120 gm with 2 refills. 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 the use of topical muscle relaxants, guidelines state that they are not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs, in fact the patient is currently taking Relafen with documentation of benefit. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence of clarity regarding those issues, the currently requested BCFL cream (baclofen 2%,

cyclobenzaprine 2%, flurbiprofen 15%, lidocaine 5%) 120 gm with 2 refills is not medically necessary.

**1 follow up visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

**Decision rationale:** Regarding the request for one follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is unclear what the time interval is for the follow-up being requested or what is the medical justification for the follow-up visit. In light of the above issues, the currently requested one follow-up visit is not medically necessary.