

Case Number:	CM14-0166112		
Date Assigned:	10/13/2014	Date of Injury:	11/25/2001
Decision Date:	11/13/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational Medicine 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:

The injured worker is a 50 year old female with a date of injury on 11/25/2001. The exact mechanism of the injury was not specified. She was diagnosed with chronic neck pain and myofascial pain. In her most recent progress note dated 8/2/14, it was indicated that she complained of elevated neck and upper back pain which has been helped by injections. She also reported continued headaches, left hand numbness and low back pain. She also reported that her medications and the cervical traction unit were helpful. Objective findings to the cervical spine included trigger points palpated over the bilateral upper trapezius and cervical paraspinal muscles. Trigger point injections x 6 with 1%cc of Xylocaine was given in the bilateral upper trapezius and cervical paraspinal muscles. She was advised to continue with her current pharmacological regimen, use of cervical traction unit and home exercise program. This is a review of the requested lidocaine 4% patches, Voltaren gel 4g, #300g and 6 trigger point injections (1% Xylocaine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 4% patches:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

Decision rationale: Evidence-based guidelines indicated that topical lidocaine may be recommended for localized peripheral pain after there has been an evidence of a trial of first-line therapy. This topical formulation in the formulation of a dermal patch has been designated for orphan status by the Food and Drug Administration for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records submitted failed to establish the medical necessity of the requested lidocaine 4% patches absent the documentation of objective findings of neuropathic pain to support the injured workers complaints of numbness in her left hand. Additionally, there was nothing in the medical records that indicate that the injured worker has tried and failed first-line treatment. Therefore, this request is not medically necessary.

Voltaren gel 4g #300g: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical NSAID

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal Anti-inflammatory Agents Page(s): 111.

Decision rationale: Evidenced-based guidelines state that Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. From the medical records that were reviewed, there were no documented complaints and/or objective findings to the ankle, elbow, foot, knee and wrist which could warrant the continued use of Voltaren gel. There is lack of documentation of objective functional improvement with its utilization as the injured worker continued to complain of significantly elevated pain in those body parts. The medical necessity of the requested Voltaren gel 4g, #300g is not established; therefore, this request is not medically necessary.

6 trigger point injections (1% Xylocaine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Criteria for the Use of Trigger Point Injections Page(s): 122.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state the criteria for the use of trigger point injections, which includes documentation of well-demarcated and circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain medical management therapies, such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxants have failed to control pain. Although it is appreciated that there are objective findings of trigger points in the bilateral upper

trapezius and cervical paraspinal muscles, the medical records provided for review failed to provide any specific evidence of physical therapy or any rehabilitative modalities that have been tried and failed in the management of cervical spine pain. The guidelines also state that not more than 3-4 injections per session, 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 and that frequency should not be at an interval less than two months. In this case, the medical records documented that the injured worker has undergone previous trigger point injections, six injections each session with minimal improvement as she continued to experience pain in her neck and bilateral shoulder area. In addition, there was no documentation of objective functional improvement, such as a decrease in pain level and increase in ability to perform activities of daily living. Lastly, some of the previous injections documented were given at an interval of one month apart only. Therefore, this request is not medically necessary.