

<b>Case Number:</b>	CM14-0185814		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/30/1997
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 46 years old female with an injury date on 05/30/1997. Based on the 07/01/2014 progress report provided by the treating physician, the diagnoses are:1. Status post bilateral carpal tunnel releases.2. Cervical spondylosis3. Lumbar myofascial pain4. Rheumatological diagnosis.5. Psychological diagnosis.According to this report, the patient complains of "acute exacerbation of neck pain radiating down her right arm. She points to her trapezius and states this is the main source of pain. She describes muscle spasm, neck stiffness, and pain radiating down the arm, exacerbated with activity and at night." Physical exam reveals tenderness in the posterior cervical and right trapezium muscle. Cervical range of motion is limited. There were no other significant findings noted on this report. The utilization review denied the request on 10/18/2014. The requesting provider provided treatment reports from 07/01/2014to 09/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Trigger Point Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Page(s): 22.

**Decision rationale:** According to the 07/01/2014 report, this patient presents with acute exacerbation of neck pain radiating down her right arm." The treating physician is requesting Trigger point injection. Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, exam does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. Furthermore, the patient has radicular symptoms for which trigger point injections are not indicated. Therefore the request is not medically necessary.

**1 Prescription of Lidocaine 5%/ Flurbiprofen 20% 120 grams w/2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications, Lidocaine, Topical NSAIDs..

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

**Decision rationale:** According to the 07/01/2014 report, this patient presents with acute exacerbation of neck pain radiating down her right arm."The treating physician is requesting 1 prescription of Lidocaine 5% / Flurbiprofen 20%, 120 grams with 2 refills. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. In this case, Lidocaine is not recommended in any formulation other than in a patch formulation. Therefore the request is not medically necessary.