

<b>Case Number:</b>	CM14-0094860		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 51-year-old male with an 8/29/12 date of injury. At the time (6/20/14) of the Decision for trigger point injections of the left trap x 4 and Terocin patch qty 1, there is documentation of subjective (left shoulder pain) and objective (positive left shoulder impingement sign and tenderness of the anterior and posterior left shoulder and greater tuberosity) findings, current diagnoses (myofascial pain syndrome, chronic left shoulder and cervical strain, left shoulder posterior labral tear and para-labral cyst, and left shoulder subacromial impingement syndrome), and treatment to date (physical therapy, acupuncture, medications, and prior trigger point injections on (2/18/14) with 50% pain relief obtained for six weeks and that allowed more independence with activities of daily living and a better sitting tolerance).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

**Decision rationale:** Terocin patch contains ingredients that include lidocaine and menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, chronic left shoulder and cervical strain, left shoulder posterior labral tear and para-labral cyst, and left shoulder subacromial impingement syndrome. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin patch is not medically necessary.

**Trigger point injections left trap X4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, chronic left shoulder and cervical strain, left shoulder posterior labral tear and para-labral cyst, and left shoulder subacromial impingement syndrome. In addition, there is documentation of previous trigger point injections on 2/18/14 with greater than 50% pain relief obtained for six weeks and injections not at an interval less than two months. In addition, given documentation that previous injections allowed more independence with activities of daily living and a better sitting tolerance, there is documentation of functional benefit and an increase in activity tolerance as a result of trigger point injections to date. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections of the left trap x 4 is medically necessary.

