

Case Number:	CM14-0215993		
Date Assigned:	01/06/2015	Date of Injury:	10/20/2000
Decision Date:	03/04/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 20, 2000. In a Utilization Review Report dated December 15, 2014, the claims administrator failed to approve requests for trigger point injections, Butrans patches, and Lidoderm patches. The claims administrator referenced a November 18, 2014 progress note in its determination. The claims administrator noted that the applicant had mid back pain and low back pain evident on this date with associated radiation of pain into the right leg. The claims administrator stated that the applicant had a variety of complaints, including TMJ, cervicogenic headaches, thoracic spine pain, and lumbar radiculitis. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, it is incidentally noted, suggested that the most recent clinical progress note on file was dated October 16, 2014. In a September 24, 2014 progress note, the applicant reported persistent complaints of neck, back, jaw, hip, and shoulder pain. Ancillary complaints of gastroesophageal reflux disease were evident. The attending provider contended that the applicant would be unable to return to his usual and customary work and was therefore a qualified injured worker. Some of the stated diagnoses included lumbar radiculopathy, cervicogenic headaches, depression, and anxiety. The applicant was status post earlier shoulder surgery, it was acknowledged. The attending provider suggested that the applicant continue Methoderm and Lidoderm patches. In an October 14, 2014 progress note, it was acknowledged that the applicant was not working owing to ongoing complaints of shoulder and hip pain. On August 6, 2014, the applicant was asked to employ Methoderm cream and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: 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 Topic Page(s): 122.

Decision rationale: No, the request for trigger point injections was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain. Here, the applicant's primary treating provider wrote on multiple office visits, referenced above, including on September 24, 2014 and August 16, 2014 that one of the applicant's primary pain generators was, in fact, lumbar radiculopathy/lumbar radiculitis. Trigger point injections, thus, are not indicated in the clinical context present here. Therefore, the request was not medically necessary.

Butrans Patch 10mcg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: Similarly, the request for Butrans patches was likewise not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or Butrans is indicated in the treatment of opioid addiction and as an option in the chronic pain context in applicants who are previously detoxified off of opioids, in this case, however, there was no mention of the applicant's having previously detoxified off of opioids. There was no mention of Butrans as being introduced for opioid addiction treatment purposes; although it is acknowledged that the November 18, 2014 progress note which the claims administrator predicated its decision upon was not incorporated into the Independent Medical Review packet. The information which was/is on file, however, failed to support or substantiates the request. Therefore, the request was not medically necessary.

Lidoderm Patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: Finally, the request for Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of antidepressant adjuvant medication failure and/or anticonvulsant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. It is further noted that the applicant has received and has been using the Lidoderm patches for some time, despite the seemingly unfavorable MTUS position on the same in the clinical context present here. The applicant has failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant remains off of work. The applicant has been deemed a qualified injured worker, the treating provider has acknowledged. Multiple progress notes, referenced above, suggested that the applicant's pain complaints from visit to visit, as opposed to reduced from visit to visit, despite ongoing usage of the Lidoderm patches at issue. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.