

<b>Case Number:</b>	CM14-0216430		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	01/13/2000
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, California  
 Certification(s)/Specialty: Family Practice

### 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 43 year old female, who sustained an industrial injury on January 13, 2000. The diagnoses have included myofascial pain syndrome, lumbar radiculopathy, and lumbar/cervical sprain. Treatment to date has included physical therapy, chiropractic care, acupuncture, and medications. Currently, the injured worker complains of increased heartburn, continued pain in the neck, lumbar spine, and bilateral buttocks. The Primary Treating Physician's report dated December 9, 2014, noted a positive bilateral cervical spine facet maneuver, negative straight leg raise and decreased range of motion of back, with positive left shoulder impingement and spasm of the left trap with positive trigger points. The patient's surgical history include left shoulder surgery The medication list include Naprosyn, Ondansetron, Omeprazole and Neurontin. The patient has had EMG/NCV of the UE that revealed CTS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 TPI tp bilateral traps, rhomboid, parallel muscles between 12/9/2014 and 2/10/2015.:**  
 Upheld

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

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

**Decision rationale:** Request: 4 TPI tp bilateral traps, rhomboid, parallel muscles between 12/9/2014 and 2/10/2015. MTUS Chronic Pain Guidelines regarding Trigger point injections state, "recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury till date. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. The Primary Treating Physician's report dated December 9, 2014, noted a positive bilateral cervical spine facet maneuver. The medication list includes Neurontin. There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. The medical necessity of the request for 4 TPI tp bilateral traps, rhomboid, parallel muscles between 12/9/2014 and 2/10/2015 is not fully established in this patient.

**1 prescription for Mentherm with 4 refills between 12/9/2014 and 2/10/2015.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics. Page(s): pages 111-112.

**Decision rationale:** Request: 1 prescription for Mentherm with 4 refills between 12/9/2014 and 2/10/2015. Mentherm gel 240gm contains methyl salicylate and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants

and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).Non-neuropathic pain: Not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The patient is already certified for Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis.The medical necessity of the request for 1 prescription for Menthoderm with 4 refills between 12/9/2014 and 2/10/2015 is not fully established in this patient.