

<b>Case Number:</b>	CM15-0110626		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, New York, 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 66-year-old who has filed a claim for chronic low back, knee, shoulder, and arm pain reportedly associated with an industrial injury of September 21, 2001. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for Voltaren and trigger point injections in the cervical and lumbar spine regions. The claims administrator referenced a RFA form dated May 5, 2015 and an associated progress note of April 27, 2015 in its determination. The claims administrator noted that the applicant had received extensive treatments over the course of the claim, including earlier knee surgery, physical therapy, manipulative therapy, and acupuncture. The request for trigger point injections, thus, was framed as a request for repeat trigger point injections. The applicant's attorney subsequently appealed. In an RFA form dated May 22, 2015, a lumbar rhizotomy, Norco, Neurontin, and tramadol were all endorsed. On May 5, 2015, transport to and from all appointments was sought. In a May 18, 2015 progress note, the applicant reported 7/10 pain with medications versus 8/10 pain without medications. The applicant's pain complaints were largely axial, it was stated in one section of the note, although the attending provider then stated in the diagnoses section of the report, that the applicant did in fact carry a diagnosis of lumbar radiculopathy. The applicant was not working, it was reported. The applicant was described as "crippled" in terms of functional disability. The applicant's medications included Norco, tramadol, Neurontin, aspirin, Citrucel, Flexeril, Colace, hydrochlorothiazide, Lortab, losartan, Naprosyn, Prilosec, albuterol, ranitidine, and Ambien. The attending provider stated that he was prescribing the applicant with Norco while the applicant was receiving Lortab from another

provider, it was reported. In a procedure note dated May 27, 2015, the applicant received multiple trigger point injections. On April 27, 2015, the applicant reported 6/10 low back pain complaints. The applicant had had previous trigger point injections, it was acknowledged. The note was handwritten, difficult to follow, and not entirely legible. The applicant did report ancillary complaints of knee, shoulder, ankle, and foot pain, it was noted. The attending provider, once again, listed lumbar radiculopathy amongst the list of operating diagnoses. The applicant was using Voltaren, topical compounds, Tylenol #4, Colace, and Prilosec, it was reported. The applicant was placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren extended release 100mg quantity 30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 22, 67-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

**Decision rationale:** No, the request for oral Voltaren, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "other medications" into his choice of pharmacotherapy and by further commentary to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, it did not appear the ongoing usage of Voltaren had generated appropriate improvements in pain and/or function. Ongoing usage of Voltaren failed to curtail the applicant's dependence on opioid agents such as Tylenol #4, Norco, and/or Lortab. The applicant continued to report pain complaints as high as 7-8/10, per a progress note of May 18, 2015. Said May 18, 2015 progress note suggested that the applicant was receiving Naprosyn, a second anti-inflammatory medication, through his pain management physician on top of the oral Voltaren prescribed by the applicant's primary treating provider (PTP). A clear or compelling rationale for concurrent usage of oral Voltaren and oral Naprosyn was not set forth by the prescribing provider(s). All of the foregoing, taken together, did not make a compelling case for continuation of Voltaren. Therefore, the request was not medically necessary.

**Trigger Point Injection-Lumbar Spine:** Upheld

**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:** Similarly, the request for a trigger point injection to the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Medical Treatment Guidelines, trigger point injections are "not recommended" in the treatment of radicular pain. Here, however, the injecting provider, pain management physician, reported on May 18, 2015 that lumbar radiculopathy was one of the operating diagnoses here. Therefore, the request was not medically necessary.

**Trigger Point Injection - Cervical Spine:** Upheld

**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:** Finally, the request for trigger point injection of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a request for a repeat trigger point injection. However, page 122 of the MTUS Chronic Medical Treatment Guidelines stipulates that pursuit of repeat trigger point injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, on total temporary disability, despite receipt of earlier unspecified numbers of trigger point injections over the course of the claim. Receipt of earlier trigger point injections failed to curtail the applicant's dependence on opioid agents such as Norco, Lortab, Tylenol #4, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior trigger point injections. Therefore, the request was not medically necessary.