

<b>Case Number:</b>	CM15-0113695		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Florida, 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 injured worker (IW) is a 58-year-old male who sustained an industrial injury on 10/22/2007. Diagnoses include neck pain, arthritis of the neck, cervical degenerative disc disease, cervical radiculitis, myofascial pain, chronic intractable pain and shoulder pain. Treatment to date has included medications, physical therapy (shoulders), radiofrequency nerve ablations, trigger point injections, chiropractic treatment, TENS unit and cervical epidural steroid injections (CESI). According to the progress notes dated 5/21/15, the IW reported severe left shoulder pain and neck pain. He reported greater than 70% - 80% pain relief from the CESI on 1/13/15, lasting about four months. The pain was beginning to return. He complained of right upper extremity pain at the wrist and elbow-radiating pain described as electrical and burning. On examination, the shoulders were normal. The cervical and lumbar spine was tender to palpation and range of motion was diminished. Trigger points were documented as being present in the bilateral trapezius, supraspinatus and cervical paraspinal muscles. MRI of the cervical spine dated 3/13/14 showed a mild disc bulge at C5-6 with minimal foraminal stenosis. Medications included Lidocaine 5% topical ointment and Zyrtec. A request was made for Lidoderm 5% ointment 50grams, #6, TENS unit supplies (in months), #6 and trigger point injections for three or more muscles due to past benefit and avoidance of oral medication due to kidney disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% ointment 50 grams Qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This claimant was injured 8 years ago. There is still left shoulder pain. There was reported past benefit out of medicines in general, but objective functional improvements are not defined. She has kidney disease and avoids oral medicine. LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

**TENS unit supplies (in months) Qty: 6: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This claimant was injured 8 years ago. There is still left shoulder pain. There was reported past benefit, but objective functional improvements are not defined. She has kidney disease and avoids oral medicine. The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)- Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had the conditions that warranted TENS. In addition, an outright purchase is not

supported, but a monitored one-month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. As the unit itself would not be supported, the need for the request supplies is likewise not supported. The request is not medically necessary.

**Trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 124.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This claimant was injured 8 years ago. There is still left shoulder pain. There was reported past benefit, but objective functional improvements are not defined. She has kidney disease and avoids oral medicine. The MTUS notes Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Classic triggering was not demonstrated. Myofascial pain syndrome is not noted. The patient has had them repeatedly in the past without long term, objective, functional benefit. The request is not medically necessary.