

Case Number:	CM15-0124984		
Date Assigned:	07/09/2015	Date of Injury:	09/19/2007
Decision Date:	08/05/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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: California

Certification(s)/Specialty: Emergency 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 is a 29 year old female, who sustained an industrial injury on 09/19/2007. She has reported injury to the left ankle and low back. The diagnoses have included left lateral ankle sprain; acute capsulitis; peroneal tendonitis; lumbago; sprain of lumbar region; and sciatica. Treatment to date has included medications, diagnostic, bracing, injections, acupuncture, psychotherapy, physical therapy, and home exercise program. Medications have included Percocet, Skelaxin, OxyContin, Effexor, Wellbutrin, Zoloft, and Trazodone. A progress note from the treating physician, dated 06/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain and swelling to her left ankle; total numbness that comes and goes; and sharp pain that comes and goes. Objective findings included mild edema of the left ankle; no erythema; tenderness on palpation of the lateral aspect of the left ankle; mild pain with range of motion of the left ankle; and no ligamentous laxity. The treatment plan has included the request for injection for the left ankle trigger point; and medication-topical MLK F2 - Marcaine, Lidocaine, Kenalog.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection for the left ankle trigger point: 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 122 Page(s): 122.

Decision rationale: The requested Injection for the left ankle trigger point is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, page 122, note "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. The injured worker has pain and swelling to her left ankle; total numbness that comes and goes; and sharp pain that comes and goes. Objective findings included mild edema of the left ankle; no erythema; tenderness on palpation of the lateral aspect of the left ankle; mild pain with range of motion of the left ankle; and no ligamentous laxity. The treating physician has not documented a twitch response on physical exam nor the other above-referenced criteria. The criteria noted above not having been met, injection for the left ankle trigger point is not medically necessary.

Medication-topical MLK F2 kit - Marocaine, Lidocaine, Kenalog: 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 page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Medication-topical MLK F2 kit - Marocaine, Lidocaine, Kenalog, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has pain and swelling to her left ankle; total numbness that comes and goes; and sharp pain that comes and goes. Objective findings included mild edema of the left ankle; no erythema; tenderness on palpation of the lateral aspect of the left ankle; mild pain with range of motion of the left ankle; and no ligamentous laxity. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Medication-topical MLK F2 kit - Marocaine, Lidocaine, Kenalog is not medically necessary.