

Case Number:	CM15-0075032		
Date Assigned:	04/28/2015	Date of Injury:	05/03/2007
Decision Date:	06/30/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on May 3, 2007. She reported low back pain and right leg pain with associated numbness and tingling. The injured worker was diagnosed as having lumbar radiculopathy and chronic pain. Treatment to date has included diagnostic studies, chiropractic care, physical therapy, pain injections, medications and work restrictions. Currently, the injured worker complains of continued low back pain with associated tingling and numbness of the right lower extremity. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 29, 2014, revealed continued pain as noted. She reported some improvement with injections in the past. Topical medications, urinary drug screen and pain injections of the lumbar spine and right piriformis were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the right lumbar paraspinal times 5 on 02/13/2015: 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): 122.

Decision rationale: The patient presents with RIGHT sided low back pain and RIGHT lower extremity complaints rated 8-9/10. The request is for Trigger Point Injections to the Right Lumbar Paraspinal Times 5 ON 02/13/2015. The request for authorization is dated 02/13/15. MRI of the lumbar spine, 07/26/13, shows dextroscoliosis with degenerative disc disease and facet arthropathy and L4-5 caudal left neural foraminal narrowing. Physical examination of the lumbar spine reveals tenderness to palpation RIGHT paraspinals L2-S1 with noted twitch responses in 5 areas, RIGHT piriformis with pain down posterior RIGHT leg. FADIRS positive on RIGHT. MBB right L4-5, L5-S1 on 10/01/14 increased her pain. RIGHT trochanteric bursa injection, which provided significant relief for 2 weeks. She recently had trigger point injections to the lumbar spine, and reports having decreased pain for 3 weeks, but now is starting to wear off. 100+ sessions of chiropractic treatment with has provided some relief. 4 sessions of physical therapy which provided significant relief. The patient's medications include Norco, Flexeril, Naproxen and Advil. Urinalysis report from 12/01/14 is consistent. The patient's work status is not provided. The MTUS Guidelines, on page 122, state that 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. Per progress report dated 02/13/15, treater's reason for the request is "Right lumbar paraspinal x 5 were identified with twitch responses." In this case, it appears the treater is requesting a repeat injection based on prior trigger point injections providing significant relief. MTUS requires for repeat injections, greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. However, per progress report dated 02/13/14, treater notes "Trigger point injections to the lumbar spine on 12/29/2014, with significant relief for 3 weeks." Additionally, MTUS allows for not more than 3-4 injections per session, but treater has performed 5 injections. Furthermore, the patient presents with radiculopathy. Per progress report dated 02/13/15, patient's assessment include Lumbar Radiculitis (722.10) and treater is also requesting authorization for RIGHT piriformis injection for radicular symptom management and MRI lumbar spine to assess etiology of radicular symptoms. Therefore, the request is not medically necessary.

Trigger point injections to the left lumbar paraspinal times 2 performed on 02/13/2015:
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): 122.

Decision rationale: The patient presents with RIGHT sided low back pain and RIGHT lower extremity complaints rated 8-9/10. The request is for Trigger Point Injections to the Left Lumbar Paraspinal Times 2 Performed On 02/13/2015. The request for authorization is dated 02/13/15. MRI of the lumbar spine, 07/26/13, shows dextroscoliosis with degenerative disc disease and facet arthropathy and L4-5 caudal left neural foraminal narrowing. Physical examination of the lumbar spine reveals tenderness to palpation RIGHT paraspinals L2-S1 with noted twitch responses in 5 areas, RIGHT piriformis with pain down posterior RIGHT leg. FADIRS positive on RIGHT. MBB right L4-5, L5-S1 on 10/01/14 increased her pain. RIGHT trochanteric bursa injection, which provided significant relief for 2 weeks. She recently had trigger point injections to the lumbar spine, and reports having decreased pain for 3 weeks, but now is starting to wear off. 100+ sessions of chiropractic treatment with has provided some relief. 4 sessions of physical therapy which provided significant relief. The patient's medications include Norco, Flexeril, Naproxen and Advil. Urinalysis report from 12/01/14 is consistent. The patient's work status is not provided. The MTUS Guidelines, on page 122, state that 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. Per progress report dated 02/13/15, treater's reason for the request is "Left lumbar paraspinal x 2 were identified with twitch responses." In this case, it appears the treater is requesting a repeat injection based on prior trigger point injections providing significant relief. MTUS requires for repeat injections, greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. However, per progress report dated 02/13/14, treater notes "Trigger point injections to the lumbar spine on 12/29/2014, with significant relief for 3 weeks." Furthermore, the patient presents with radiculopathy. Per progress report dated 02/13/15, patient's assessment include Lumbar Radiculitis (722.10) and treater is also requesting authorization for RIGHT piriformis injection for radicular symptom management and MRI lumbar spine to assess etiology of radicular symptoms. Therefore, the request is not medically necessary.

Lidopro topical ointment/applicator #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with right sided low back pain and right lower extremity complaints rated 8-9/10. The request is for Lidopro Topical Ointment/Applicator #1. The request for authorization is dated 02/13/15. MRI of the lumbar spine, 07/26/13, shows dextroscoliosis with degenerative disc disease and facet arthropathy and L4-5 caudal left neural foraminal narrowing. Physical examination of the lumbar spine reveals tenderness to palpation right paraspinals L2-S1 with noted twitch responses in 5 areas, right piriformis with pain down posterior right leg. FADIRS positive on right. MBB right L4-5, L5-S1 on 10/01/14 increased her pain. Right trochanteric bursa injection, which provided significant relief for 2 weeks. She recently had trigger point injections to the lumbar spine, and reports having decreased pain for 3 weeks, but now is starting to wear off. 100+ sessions of chiropractic treatment with has provided some relief. 4 sessions of physical therapy which provided significant relief. The patient's medications include Norco, Flexeril, Naproxen and Advil. Urinalysis report from 12/01/14 is consistent. The patient's work status is not provided. The MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater does not specifically discuss this medication. The patient has sharp stabbing pain at the right side of the low back and increased cramping and stabbing on the left side of the low back. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with right sided low back pain and right lower extremity complaints rated 8-9/10. The request is for Urine Drug Screen. The request for authorization is dated 02/13/15. MRI of the lumbar spine, 07/26/13, shows dextroscoliosis with degenerative disc disease and facet arthropathy and L4-5 caudal left neural foraminal narrowing. Physical examination of the lumbar spine reveals tenderness to palpation right paraspinals L2-S1

with noted twitch responses in 5 areas, right piriformis with pain down posterior right leg. FADIRS positive on right. MBB right L4-5, L5-S1 on 10/01/14 increased her pain. Right trochanteric bursa injection, which provided significant relief for 2 weeks. She recently had trigger point injections to the lumbar spine, and reports having decreased pain for 3 weeks, but now is starting to wear off. 100+ sessions of chiropractic treatment with has provided some relief. 4 sessions of physical therapy which provided significant relief. The patient's medications include Norco, Flexeril, Naproxen and Advil. Urinalysis report from 12/01/14 is consistent. The patient's work status is not provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low- risk patients. Treater does not discuss the request. The patient is prescribed Norco since at least 08/07/14, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is not medically necessary.