

<b>Case Number:</b>	CM14-0148421		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 72-year-old male who reported an injury on 10/20/2011. The mechanism of injury was not included. The diagnoses included lumbar disc degeneration, lumbar radiculopathy, spinal stenosis of the lumbar spine, and arthropathy of the lumbar facet. The past treatments included acupuncture and occupational medicine. An MRI, dated 12/27/2013, revealed T12-L1 disc degeneration with mild bilateral neural foraminal narrowing; L1-2 degenerative disc changes with moderate to severe left and mild to moderate right neural foraminal narrowing, and mild central canal stenosis; L2-3 severe degenerative disc changes with moderate to severe left neural foraminal narrowing, and hypertrophic facet degenerative changes; L3-4 degenerated disc with moderate left and severe right neural foraminal narrowing, moderate to severe central canal stenosis, and bilateral hypertrophic facet degenerative changes; L4-5 degenerated disc with moderate to severe right and mild left neural foraminal narrowing, and moderate to severe central canal stenosis; and L5-S1 desiccated disc with sacralization of the L5 vertebral body, with hypertrophic facet degenerative changes, and moderate central canal stenosis, without evidence of neural foraminal narrowing. The progress note, dated 04/11/2014, noted the injured worker complained of low back pain and a hip injury and requested a disabled placard for his vehicle. The physical exam noted tenderness over the midline and right paraspinal area, range of motion limited by pain, muscle strength 5-/5, reflexes 2/4, and a positive straight leg raise test on the right. The medications included Tylenol and noted that the injured worker was unable to take NSAIDs due to side effects. The treatment plan requested to continue Tylenol, and continue strengthening and stretching exercises. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 FLECTOR PATCH 1.3% (THROUGH [REDACTED]):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

**Decision rationale:** The request for 60 Flector Patch 1.3% (Through [REDACTED]) is not medically necessary. The injured worker had unmeasured low back pain and unspecified hip injury. It was also noted the injured worker was unable to take NSAIDs because of unspecified side effects. The California MTUS Guidelines recommend topical Diclofenac for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. It is not recommended for use on the spine, hip, or shoulder. Furthermore, the guidelines recommend topical NSAIDs for short term use of 4 to 12 weeks. The severity and type of pain involved were not documented. There was no indication of the efficacy of the Tylenol. The frequency and location intended for use was not included to determine medical necessity. Due to the unspecified adverse effect of NSAIDs previously and the exclusion of the frequency and location intended for use, the use of a Flector patch is not supported at this time. Therefore, the request is not medically necessary.

**1 TRIGGER POINT INJECTION TO RIGHT LOWER PARAVERTEBRAL MUSCLE AREA IN LUMBAR REGION:** Upheld

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

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

**Decision rationale:** The request for 1 trigger point injection to right lower paravertebral muscle area in lumbar region is not medically necessary. The injured worker had unmeasured low back pain and unspecified hip injury. The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. They may be indicated if symptoms have persisted for more than 3 months and conservative therapies have failed to control pain. Radiculopathy should not be present on exam. There was no measured assessment of pain. There is a lack of evidence to suggest that conservative therapies have failed to control his pain. There is no documentation suggesting the presence of a trigger point. There is a lack of documentation to rule out radiculopathy. Given the previous, a trigger point injection is not indicated at this time. Therefore, the request is not medically necessary.

