

<b>Case Number:</b>	CM14-0036499		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/21/2004
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female with a reported date of injury on 12/21/2004. The mechanism of injury was not submitted within the medical records. Her previous treatments were noted to include massage therapy, physical therapy, medications, and home exercise program. Her diagnoses were noted to include post-laminectomy syndrome of surgical region, muscle spasm, and poly-substance dependence. The progress report dated 05/20/2014 reported her main area of pain was to the jaw, neck, shoulder, upper back, hand, and foot. The injured worker reported she was able to wash dishes, use the computer, and dry her hair as long as she took her medication. The physical examination reported tenderness over the right trapezius muscle to light palpation, limited passive range of motion and active range of motion secondary to pain, and the neurological examination was normal. The progress note dated 06/17/2014 listed her medications as fentanyl 12 mcg/hour extended release 1 patch every 48 hours, Cymbalta 60 mg delayed release daily, Norco 10/325 mg to 2 by mouth as needed, Celebrex 200 mg 1 daily, Lipitor 20 mg daily, and a bio-identical hormone as directed. The physical examination reported limited range of motion secondary to pain to the neck and the neurological examination was normal. The injured worker indicated the symptoms in her neck and shoulder were the same as the previous visit. The request for authorization form dated 02/27/2014 was for trigger point injections and TENS unit for muscle spasms. The request for authorization form was not submitted for Cymbalta 60 mg #30 with 3 refills, Celebrex 200 mg #30 with 3 refills, and Voltaren topical gel 1% 2 to 4 grams 30 days 300 grams and the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections (x3): Upheld**

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

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

**Decision rationale:** The request for trigger point injections x3 is not medically necessary. The documentation provided from 06/2014 did not list muscle spasms as an indication. The California Chronic Pain Medical Treatment Guidelines do recommend trigger point injections for myofascial pain syndrome as indicated with limited lasting value. The guidelines do not recommend trigger point injections for radicular pain. The guideline's criteria for the trigger point injections are documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); not more than 3 to 4 injections per session; no repeat injections unless greater than 50% pain relief is obtained for 6 weeks after injection, and there is documented evidence of functional improvement; frequency should not be at an interval less than 2 months; trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. There is a lack of documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain and the provider indicated the massage therapy was helping with muscle spasms. Therefore, the request is not medically necessary.

**TENS unit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS, chronic pain, Page(s): 114-115.

**Decision rationale:** The request for a TENS unit is not medically necessary. The injured worker has been utilizing massage therapy and home exercises and medications for pain management. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The guidelines state a TENS unit may be a supplement to medical treatment in the management of spasticity in a spinal cord injury. There is a lack of documentation regarding a previous 1 month home-based trial of TENS has been attempted and if it will be used in as an adjunct to a program of evidence-based functional restoration. Therefore, due to lack of

evidence, the TENS unit is not warranted at this time. Therefore, the request is not medically necessary.

**Cymbalta 60mg, #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain, Page(s): 13-15.

**Decision rationale:** The request for Cymbalta 60 mg #130 with 3 refills is not medically necessary. The injured worker has been taking this medication since 09/2013. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia is generally occurs within a few days to a week, whereas antidepressant effect may take longer to occur. The guidelines state assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The guidelines state Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; the off-label use is for neuropathic pain and radiculopathy. No high-quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. There is a lack of documentation regarding neuropathic pain and the injured worker indicated she was struggling with sleep at night while utilizing this medications. There is also a lack of documentation regarding efficacy of this medications. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.

**Celebrex 200mg, #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS Page(s): 67.

**Decision rationale:** The request for Celebrex 200 mg #30 with 3 refills is non-certified. The injured worker has been taking this medication since at least 09/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs for osteoarthritis (including knee and hip) at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines state NSAIDs are recommended as second-line treatment after acetaminophen for acute exacerbations of chronic back pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. In patients with acute low back

pain with sciatica, a recent review found no difference in treatment with NSAIDs versus placebo. The guidelines recommend NSAIDs as an option for short-term symptomatic relief for chronic low back pain. A review of the literature on drug relief for low back pain such as NSAIDs are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat for breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) and with neuropathic pain. The injured worker has been taking this medication for over 6 months and the guidelines recommend short-term therapy with utilization of NSAIDs. There is a lack of documentation regarding efficacy of this medication and improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

**Voltaren topical gel 1% 2-4g 30 days 300gms: Upheld**

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

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

**Decision rationale:** The request for Voltaren topical gel 1% 2 to 4 grams 30 days 300 grams is not medically necessary. The injured worker has been taking this medication since 09/2013. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 recommended. The efficacy and clinical trials for topical NSAIDs has been existent and most studies are of small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In the study, the effect appeared to diminish over time and it was stated further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee, elbow, or other joints that are amenable to topical treatment for short-term use such as 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical analgesics for neuropathic pain as there is no evidence to support the use. The guidelines indicate Voltaren gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. There is a lack of documentation regarding the efficacy of this medication or improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.