

<b>Case Number:</b>	CM13-0026083		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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 physician 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 patient is a 64-year-old female who reported a work-related injury on 04/15/2008, specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnoses: L4-5 radiculopathy, C6-7 left-sided radiculopathy, thumb carpometacarpal arthrosis and head trauma. The clinical note dated 08/05/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient, upon physical exam of the cervical spine, had a fair amount of spasms and tightness in the paracervical musculature, and there was limited range of motion. There was a very tight knot to the patient's left levator scapular area. The provider documented that the patient was administered trigger point injections to the left trapezius region. The provider documented that the patient continued to be symptomatic and recommended a cervical traction unit for the patient's discogenic pain complaints. Additionally, the provider rendered a prescription for the patient to utilize Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Over the door home cervical traction unit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports that the patient had continued complaints of cervical spine pain some 5 years status post her work-related injury. The requesting provider, [REDACTED], is recommending that the patient utilize an over-the-door traction unit for the patient's cervical spine pain complaints. The California MTUS/ACOEM does not specifically address. The Official Disability Guidelines indicate that studies have concluded that there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2 to 3 weeks if signs of objective progress towards functional restoration are not demonstrated. The patient has utilized 18+ sessions of recent physical therapy, injection therapy and a medication regimen without any resolution of his symptomatology. In addition, it is unclear if the patient had utilized traction while in supervised therapeutic interventions or the efficacy of that treatment. Given the above, the request for an over the door home cervical traction unit is neither medically necessary nor appropriate.

**Lidoderm patches 5%, QTY: 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** The current request is not supported. The provider, [REDACTED], is recommending that the patient utilize Lidoderm patches for 12 hours on and 12 hours off for the patient's pain complaints. The provider did not specify for what body region the patient would be utilizing the Lidoderm patch. The clinical notes document that the patient utilizes no oral medications for her chronic pain complaints. The California MTUS indicates that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy, tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. Lidoderm patches are not a first-line treatment, and they are only FDA-approved for postherpetic neuralgia. Therefore, given all of the above, the request for Lidoderm patch 5% (Quantity: 30.00) is neither medically necessary nor appropriate.