

Case Number:	CM13-0070832		
Date Assigned:	01/08/2014	Date of Injury:	09/01/2008
Decision Date:	06/05/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/26/2013

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 Occupational Medicine 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 patient is an employee of [REDACTED] and has submitted a claim for neck pain and bilateral wrist pain associated with an industrial injury date of September 1, 2008. Treatment to date has included Relafen, Prilosec, Biofreeze, Tramadol, Nabumetone, Flexeril, Naproxen, Omeprazole, right carpal tunnel release on 10/27/2009 and left carpal tunnel release on 07/21/2010. Medical records from 2010 through 2013 were reviewed, which showed that the patient complained of neck pain ranging from a scale of 8-9/10, bilateral wrist pain with a scale of 8/10 and bilateral hand pain with a scale of 9/10. On physical examination of the cervical spine, there is noted tenderness and spasms of paraspinal musculature bilaterally. Localized pain is produced upon flexion, extension and right rotation. Range of motion was as follows: flexion at 40 degrees, extension at 45 degrees, bilateral rotation at 60 degrees, and bilateral lateral flexion at 30 degrees. On orthopedic examination, increased cervical spine pain was noted upon Soto-Hall test, Spurling's test, foraminal compression test, distraction test, shoulder depression test and Adson test. Examination of the wrist and hand revealed localized pain upon dorsiflexion and palmar flexion. Range of motion was as follows: palmar flexion at 50 degrees, dorsiflexion (extension) at 50 degrees, abduction (radial denervation) at 20 degrees, adduction (ulnar deviation) at 20 degrees. Phalen's sign and median nerve compression were noted to be positive bilaterally. Tinel's was negative bilaterally. MRI of the cervical spine with contrast, dated 12/02/09, showed straightening of C2 through C5 region suggesting muscle spasm change. There was also minimal right par central disc bulge at the level of C5-C6. MRI of the cervical spine done on 10/29/10 showed 1mm disc protrusion at both C4-C5 and C5-C6 levels, 1mm disc bulge at the level of C3-C4 without significant canal stenosis. Electrodiagnostic consultation and evaluation done on 11/15/10 revealed carpal tunnel syndrome on both wrists and active bilateral C7 cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LIDODERM PATCHES 5% #130: Upheld

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

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

Decision rationale: According to pages 56-57 of the Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy; however, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the patient is suffering from bilateral upper extremities radiculopathy and carpal tunnel syndrome. On the other hand, the patient was started on Lidoderm patch on 06/24/2013; however, there was no reported functional improvement from its use. The medical necessity for continued use of this medication has not been established. Therefore, the request for 1 prescription of Lidoderm patches 5% #130 is not medically necessary.