

<b>Case Number:</b>	CM14-0014860		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/26/2008
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 49-year-old male with reported date of injury on 02/26/2008. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include chronic low back pain, right greater than left radicular symptoms, chronic low back and left hip/leg pain, chronic neck pain, bilateral carpal tunnel release in 2006, and hypogonadism secondary to chronic narcotic use. His previous treatments are noted to include medications, exercise, and hot/cold therapy. The progress note dated 01/09/2014 reported the injured worker complained of neck pain and headaches. The injured worker reported his pain 8/10 to 9/10 before medications and 5/10 with medications. There is a request of authorization form dated 10/31/2013 for heat/cold therapy for the neck to help decrease pain, spasms, and headaches. The request form of authorization for the Lidoderm patches was not submitted within the medical records. The request for Lidoderm patch is due to a pinching sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 1 VITAL WRAP HEAT/COLD THERAPY UNIT:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The prospective request for 1 vital wrap heat/cold therapy unit is non-certified. The injured worker has used this modality in the past and reported it effective. CA MTUS/ACOEM Guidelines state there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, TENS units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely, and emphasis should focus on functional restoration and return of injured worker's to activities of normal daily living. CA MTUS/ACOEM also states that at home local applications of cold packs during the first few days of acute complaints and thereafter applications of heat packs are recommended. The guidelines do not recommend passive modalities such as heat/cold therapy wraps and therefore, the vital heat/cold therapy unit is not medically necessary. Therefore, the request is non-certified.

**PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF LIDODERM PATCHES  
100MCG, #30 (WITH 4 REFILLS): 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 Analgesics; Lidocaine Page(s): 112.

**Decision rationale:** The prospective request for 1 prescription of Lidoderm patches 100 mcg, #30 (with 4 refills) is non-certified. The injured worker was prescribed this medication for a pinching sensation. The California Chronic Pain Medical Treatment Guidelines recommend Lidoderm for neuropathic pain, and has also been used off label for diabetic neuropathy. The guidelines also state the Lidoderm is not recommended for non-neuropathic pain and there is only 1 trial that tested 4% lidocaine for treatment of chronic muscle pain and the results show there was no superiority over placebo. There is a lack of documentation regarding efficacy of this medication as well as the region the injured worker was having the pinching sensation to utilize this medication. Additionally, the request failed to provide the frequency at which this medication is utilized. Therefore, the request is non-certified.