

<b>Case Number:</b>	CM14-0122314		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/04/2002
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 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 a 61-year-old female with a 6/4/02 date of injury with a diagnosis of herniated nucleus pulposus of cervical spine; history of ulnar neuritis; and history of carpal tunnel syndrome. 7/15/14 progress note described intermittent episodes of cervical spine pain with spasms (4-5/10). There is a recent exacerbation of neck pain due to increased activity. Current medications include Lyrica and Lidoderm. Clinically, there is tenderness in the cervical spine with spasms and reduced range of motion. Treatment plan discussed Lyrica and Lidoderm patches. The patient was instructed to continue a home exercise program and utilize medications as needed. Reevaluation would occur in 3 months. 1/15/14 progress note described complaints of neck and bilateral wrist pain, as well as occipital headaches. Medical records review indicated that the patient was seen by multiple physicians, prescribed medications, underwent physical therapy, and acupuncture. The patient is also utilized a TENS unit. Current treatment has been exclusively medication. It was noted that the patient is attempting to limit her medication use, although it does help with activities of daily living and function. Reevaluation on a 3-6 month basis was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 25mg #120 x3refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 20.

**Decision rationale:** A request for Lyrica previously obtained an adverse determination as there was little documented regarding functional improvement, ability to return to work, increased participation in ADLs, and reduction in pain medication use. However, in light of a 2002 date of injury, and an additional progress note describing pain relief and functional improvement from medication use, the request is substantiated. MTUS states that Lyrica is considered first-line treatment. As the patient is attempting to limit her medication intake, and it appears that this first-line agent is efficacious, continued use is medically reasonable.

**Lidoderm Patches 5% # 30 x3 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 CA MTUS 2009 9792.24.2. Page(s): 56-57.

**Decision rationale:** Medical necessity for the requested Lidoderm patch is not established. This request obtained an adverse determination, as there was lack of documented functional improvement, improvement in ADLs, reduction in PO medications, and return to work with the use of this medication. CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Although the patient has a 2002 date of injury, little has been discussed regarding prior medication management, and failed medication. She continues to utilize Lyrica, which was noted to be efficacious. The request remains unsubstantiated.

**ROM (retro):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Low Back Chapter).

**Decision rationale:** The request for retro-range of motion testing obtained an adverse determination as guidelines do not support computerized muscle strength or range of motion testing. AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way". There is no indication for the necessity of computerized muscle testing as opposed to a complete physical examination including range of motion by inclinometer. It remains unclear why the patient requires additional range of motion testing, as

opposed to within a general physical examination. Impairment rating may be provided based on physical exam findings and not require additional testing methods.