

<b>Case Number:</b>	CM14-0132615		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 03/19/2010. The diagnoses included cervical brachial syndrome. Prior treatment has included psychological treatment. The mechanism of injury was a bar lift struck the injured worker on the top of her head. Prior therapies have included physical therapy, massage and chiropractic care. Prior studies include X-rays and MRI. The injured worker underwent electrodiagnostic studies. The documentation of 07/31/2014 revealed that she had complaints of headaches, neck pain, and bilateral upper extremity pain. The injured worker's medications were noted to include Zyrtec, Atenolol, Soma and Prilosec. The review of systems revealed the injured worker had muscle spasms, numbness and tingling, and limited movement. The documentation indicated the injured worker was participating in a functional capacity evaluation. The objective findings revealed severe spasms in the bilateral trapezius and cervical paraspinal muscles. The diagnoses include chronic pain syndrome and cervical brachial syndrome - chronic unstable, as well as myofascial pain. The treatment plan included a trial of Pamelor 10mg, 1 to 2 by mouth every night at bedtime, #60, and a trial of Lidoderm patches 5%, 1 to 2 on 12 hours and off 12 hours, #60, and blood work to rule out any underlying inflammatory disease. There was a Request for Authorization submitted for the requested medications. There was no Request for Authorization for the blood work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% # 60:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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 anti-epilepsy drug such as Gabapentin or Lyrica). The clinical documentation submitted for review failed to provide documentation that the injured worker had a trial and failure of first line therapy. There was a lack of documented rationale for the requested medication. There a lack of documentation indicating the condition the injured worker was being treated for, as there is further research necessary for treatment for chronic neuropathic pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm patches 5% # 60 is not medically necessary.

**Blood work to rule out inflammatory disease:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation online resource at <http://www.nlm.nih.gov/medlineplus/laboratorytests.html>Laboratory Tests.

**Decision rationale:** Per nlm.nih.gov, "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor disease". The clinical documentation submitted for review failed to provide the specific tests being requested. As such, there could be no application of a specific guideline. Given the above, the request for blood work to rule out inflammatory disease is not medically necessary.