

Case Number:	CM14-0136330		
Date Assigned:	09/03/2014	Date of Injury:	03/29/1993
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Interventional Spine, 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 71-year-old female with an injury date of 03/29/1993. Based on the 07/21/2014 progress report, the patient complains of having right wrist pain and neck pain which travels down her shoulder on the right side. She describes rotation of her neck as being stiff as well as having numbness/tingling. Tenderness along the neck with myofascial pain is also noted. The 04/08/2013 progress report states that the patient also had tenderness along the cervical paraspinal muscles bilaterally and pain along trapezius and shoulder girdle. She has tenderness along the dorsum of her wrist with a lump and tenosynovitis along the first extensor compartment. The patient's diagnoses include the following: 1. Discogenic cervical condition with facet inflammation with shoulder girdle involvement. 2. Tenosynovitis along the wrist along the first extensor compartment. 3. Carpal tunnel syndrome status post operation on the right side (no date indicated). 4. CMC joint inflammation of the thumb on the right side, by qualified examiner, 5. [REDACTED], in 2005 with some occasional triggering along the thumb. The utilization review determination being challenged is dated 07/30/2014. Treatment reports were provided from 01/25/2013, 02/22/2013, 04/08/2013, and 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream (One Bottle): 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 Page(s): 111.

Decision rationale: Based on the 07/21/2014 progress report, the patient complains of having neck pain and right wrist pain. The request is for LidoPro cream (1 bottle). MTUS page 111 states that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Topical lidocaine is a formulation of a dermal patch (Lidoderm) and has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used for label for diabetic neuropathy. No other commercially-approved topical formulations as lidocaine (whether creams, lotions, gels) are indicated for neuropathic pain. MTUS does not support lotion formulation of lidocaine for neuropathic pain. Therefore, this request is not medically necessary.

TENS Pads (Retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS(transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: Based on the 07/21/2014 progress report, the patient complains of having neck pain and right shoulder pain. The request is for a TENS pad (retrospective). The 02/22/2013 report states that the patient has been using the TENS unit as part of her pain management. However, there is no indication of how the TENS unit has impacted the patient's function or pain. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. A 1-month trial of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Based on the 4 progress reports provided, there is no discussion provided in regards to how the TENS unit impacted the patient. Therefore, this request is not medically necessary.

Terocin Patches (#30): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the 07/21/2014 progress report, the patient complains of having neck pain and right wrist pain. The request is for Terocin patches (#30). Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS for topical lidocaine states, "Indication: neuropathic pain recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." In this patient, while the patient does have both neck pain and right wrist pain, there is no indication of where these patches will be applied to or if they will be used for neuropathic pain. Therefore, this request is not medically necessary.

Neck Traction with Air Bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Based on the 07/21/2014 progress report, the patient complains of having neck pain and right wrist pain. The request is for a neck traction with air bladder. There is no discussion provided as to what the patient needs this neck traction for. In regards to cervical tractions, ODG states the following: "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy." In this case, the patient does not present with radicular symptoms or radiculopathy. The patient has degenerated disc condition of the C-spine and wrist/hand problems. Traction unit would not be indicated for these conditions. Therefore, this request is not medically necessary.