

<b>Case Number:</b>	CM14-0021485		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

This patient presents with right-sided neck pain with no radiation into right arm, with no weakness, numbness, or tingling, and cannot lift more than 5 pounds. The treating physician has asked trial of cervical home traction unit (1 month) on 2/4/14 "to address myofascial pain" as this is a "delayed recovery case with complicating factors and higher than normal morbidity." Patient has returned to work at full duty, and is not taking medications as of 8/15/13 report. On 11/4/13, patient complains of recurring neck pain that now radiates to bilateral shoulders, despite course of physical therapy. As of 11/27/13, patient is no longer working due to lifting restrictions. Review of the reports does not show any evidence of using home traction unit in the past. Regarding home traction units, ACOEM allows usage on a trial basis but with close monitoring and emphasis on functional restoration. In this case, the treating physician has asked for trial of cervical home traction unit (1 month) which is consistent with ACOEM guidelines and thus medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAL OF CERVICAL HOME TRACTION UNIT (1 MONTH):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines PASSIVE PHYSICAL MODALITIES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** This patient presents with right-sided neck pain with no radiation into right arm, with no weakness, numbness, or tingling, and cannot lift more than 5 pounds. The treating physician has asked trial of cervical home traction unit (1 month) on 2/4/14 "to address myofascial pain" as this is a "delayed recovery case with complicating factors and higher than normal morbidity." Patient has returned to work at full duty, and is not taking medications as of 8/15/13 report. On 11/4/13, patient complains of recurring neck pain that now radiates to bilateral shoulders, despite course of physical therapy. As of 11/27/13, patient is no longer working due to lifting restrictions. Review of the reports does not show any evidence of using home traction unit in the past. Regarding home traction units, ACOEM allows usage on a trial basis but with close monitoring and emphasis on functional restoration. In this case, the treating physician has asked for trial of cervical home traction unit (1 month) which is consistent with ACOEM guidelines and thus medically necessary.

**LIDODERM PATCH 5% (30 DAYS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine Page(s): 111-113.

**Decision rationale:** This patient presents with right-sided neck pain with no radiation into right arm, with no weakness, numbness, or tingling, and cannot lift more than 5 pounds. The treating physician has asked Lidoderm patch 5% (30 days) on 2/4/14 "to apply over area of neuropathic pain." Patient was treated with NSAIDS following original injury on 7/25/13 per 2/4/14 report. On 11/4/13, patient complains of recurring neck pain that now radiates to bilateral shoulders. As of 11/27/13, patient is no longer working due to lifting restrictions. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. In this case, the treating physician has asked for Lidoderm patch 5% (30 days) for myofascial pain, but Lidoderm is not indicated for myofascial pain. It is indicated for neuropathic pain that is peripheral and localized but this patient presents with radicular, diffuse pain down the arm. The request is not medically necessary.