

Case Number:	CM14-0021781		
Date Assigned:	02/24/2014	Date of Injury:	10/19/1998
Decision Date:	06/26/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/14/2014

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 & Rehabilitation 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 59 year old female who is reported to have sustained work related injuries on October 19, 1998. The mechanism of injury is not described. The submitted clinical records indicate the injured worker has complaints of cervical pain radiating down the right upper extremity. The records indicate that the injured worker is status post Anterior Cervical Discectomy and Fusion (ACDF) at C4-5 in February 2001. The injured has additionally undergone cervical and facet blocks at C3, C4, and C5 on 02/16/11. She later underwent a radiofrequency neurotomy at these levels on June 8, 2011. The injured is reported to have some benefit from this procedure. Current medications include Colace, Senna, Lidoderm 5% patch, Voltaren 1% gel, Savella 50mg tablets, and Ambien CR 12.5mg tablets. The record references an electrodiagnostic study (EMG/NCV) dated May 5, 2010 indicates evidence of a right median neuropathy at the wrist with no electrodiagnostic evidence for a right cervical radiculopathy. The most recent documented physical examination notes limited cervical range of motion. There is tenderness of the cervical paravertebral muscles bilaterally. There is spinous process tenderness noted at C3, C4, and C5. Motor strength is noted to be 4/5 in the Abducis Pollicis Brevis (thumb muscle) bilaterally. Deep tendon reflexes are 1/4 and symmetric. The record contains a prior utilization review determination dated January 10, 2014 in which requested Lidoderm 5% #60 and Voltaren 1% gel #3 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS

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

Decision rationale: The submitted clinical records indicate the injured worker has a history of chronic cervical pain with subjective reports of radiation into the right upper extremity. The submitted clinical records do not provide any data regarding the use of Lidoderm patches. Further, the records do not indicate the injured worker has undergone other 1st line therapy prior to the provision of Lidoderm patches. The request is not medically necessary.

VOLTAREN 1% GEL #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgsics Page(s): 112-113.

Decision rationale: The submitted clinical records provide no data regarding the use of this medication. While the injured worker is noted to have significant degenerative disease in the cervical spine, it is unclear as to the utility of this medication. There is no information regarding the efficacy of this medication in the treatment of the injured worker's chronic pain. The request is not medically necessary.