

Case Number:	CM14-0039071		
Date Assigned:	06/27/2014	Date of Injury:	08/28/2013
Decision Date:	09/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Florida and 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 patient is a 28 year old female who was injured on 8/28/2013. The diagnoses are neck pain, headache, left shoulder and left elbow pain. On 6/2/2014, Dr. [REDACTED] noted subjective complaints of headache, neck pain and joints pain. There were objective findings of positive Spurling sign on the left side and decreased sensation at the left upper extremity. There were objective findings of normal reflexes and motor tests. Dr. [REDACTED] noted that the Lidoderm was not effective. No new symptoms were reported. The patient completed PT, Chiropractic treatments. The UDS on 2/10/2014 was inconsistent with positive for marijuana and burtalbital. Other medications listed are Neurontin, Ultram and Tylenol for pain. A Utilization Review determination was rendered on 2/26/2014 recommending denial for Electromyography (EMG)/Nerve Conduction Study (NCS) Bilateral Upper Extremities and Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG to the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG- Neck Pain.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of EMG/NCS in the evaluation of chronic musculoskeletal pain. The studies are used to diagnose or clarify the presence of radiculopathy. The records did not show radiographic or objective findings that are indicative of cervical radiculopathy. The reflexes and motor tests was reported as normal. An MRI of the cervical spine is pending. The criteria for Electromyography (EMG)/Nerve Conduction Velocity (NCV) bilateral upper extremities is not medically necessary and appropriate.

Lidoderm Patch 5%, count 50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112. Decision based on Non-MTUS Citation ODG- Pain Chapter.

Decision rationale: The CA MTUS guidelines recommend that Lidoderm can be utilized as a second-line medication for the treatment of neuropathic pain that did not respond to treatments with first-line anticonvulsant and antidepressant medications. Lidoderm is indicated only for localized neuropathic pain and not for osteoarthritis. The records did not show that the patient was diagnosed with localized neuropathic pain. Dr. [REDACTED] noted that the patient reported that Lidoderm was not effective. The criteria for the use of Lidoderm patch 5% #30 was not met.