

<b>Case Number:</b>	CM14-0042090		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Orthopedic Surgeon and is licensed to practice in Arizona. 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 claimant is a 54-year-old female who has a date of injury from May 16, 2013. She has 2 episodes of injury within 24 hours, one involving her right forearm and wrist, and the other her neck and right upper extremity. She was complaining of neck pain with numbness in her right hand, headaches, parascapular pain, and right wrist pain. The MRI of the cervical spine showed multiple level degenerative disc disease. She underwent a cervical epidural injection for a possible C 8 radiculopathy. Her exam was positive for thoracic outlet signs. She was diagnosed as having right upper extremity CRPS and posttraumatic thoracic outlet syndrome. She underwent right interscalene nerve blocks. Results are unknown. The progress note of January 29, 2014 states the patient has not had physical therapy yet and she continues on her pain medication which included Norco, Lyrica, and Nucynta. The patient continues to complain of significant pain in her neck, right shoulder, and right elbow with associated tingling and numbness. In addition to that, she has noticed increasing back pain and right hip pain. Request is made for a TENS unit as well as Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication-Topical Lidoderm Patches, Unspecified quantity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <topical analgesics page(s) 112 Page(s): 112.

**Decision rationale:** Chronic pain guidelines recommends Lidoderm for localized peripheral pain after there has been evidence of a trial of first line therapy (Tri-Cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Further research as needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. This patient has a wide distribution of chronic pain going from her neck into her right arm and hand and going into her lower back, not localized peripheral pain. The patient is on Lyrica but there is no documentation as to how effective this drug is nor is there any documentation that the patient has been tried on a Tri-Cyclic antidepressant or a SNRI antidepressants. Therefore, at the present time, the medical necessity for the use of Lidoderm patches has not been established.

**Durable Medical equipment- Transcutaneous Electrical Nerve Stimulation (TENS) unit rental for one (1) month, then twelve (12) month extension totaling thirteen (13) months QTY: 13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 115-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy.

**Decision rationale:** A home based treatment trial of one month may be appropriate for neuritic pain and CRPS 1 or 2. However before proceeding with recommending a longer period of treatment the, the functional improvement received from this one-month trial has to be documented. Has there been a decrease in medication, an increase in activities of daily living, or a reduction in work restrictions. Until the efficacy of the TENS unit has been established, the medical necessity for long-term use is not established.