MAXIMUS Federal Services

Case Number:	CM14-0045997		
Date Assigned:	07/02/2014	Date of Injury:	05/27/2009
Decision Date:	08/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 35-year-old male who reported an injury on 05/27/2008. The injured worker underwent an anterior cervical discectomy and fusion with instrumentation of C5-6 and C6-7 on 12/23/2013. The injured worker had a CT of the cervical spine and an MRI of the cervical spine. Other treatments included physical therapy and medications. The documentation of 03/12/2014 revealed the injured worker's current neck pain had not changed much. The injured worker had complaints of neck pain with occasional numbness and tingling in the upper extremities and significant muscle spasm and pain. The injured worker had headaches and upper back and bilateral shoulder scapular pain. The injured worker had mid and low back pain, pain in the elbow, wrists and hand with numbness. The injured worker had depression and frustration. The documentation indicated the injured worker underwent an EMG/NCV and MRI of the cervical spine and thoracic spine. The physical examination revealed the injured worker had spasms and tenderness from T1 through T4 parathoracic muscles and from T7 through T10 bilaterally equal. The injured worker had decreased range of motion of the lumbar spine. The diagnoses included cervical strain, status post C5-6 and C6-7 fusion, cervicogenic headaches, depression and anxiety due to chronic pain, thoracic strain, lumbar strain with bilateral lumbar radicular symptoms, carpal tunnel syndrome, and depression due to chronic pain. The treatment plan included a followup for the surgeon and continuation of current medications including Opana ER, oxycodone 50 mg, Opana immediate release 10 mg, tizanidine 4 mg, Neurontin 600 mg, and Valium 5 mg. Additionally, the treatment plan included an authorization for lidocaine patches 5% 1 to 2 patches locally for the cervical spine every 24 hours for pain, Paxil CR 25 mg daily, and Saphris SL 10 mg #30 for psychiatric complaints. Due to the injured worker's neck condition which flared up due to a broken screw, the injured worker was unable to drive and his mother had been providing his transportation and other aid, including helping him with shopping

and taking him to various appointments. The recommendation was for a caregiver and transportation from 8/22/2013 through 06/22/2014, as well as use of a continued carpal tunnel brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

All transportation and other aid for patient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Transportation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, page 51 Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation.

Decision rationale: The Official Disability Guidelines indicate that transportation is recommended for medically necessary appointments in the same community for injured workers with disabilities preventing them from self transport. The clinical documentation submitted for review indicated the injured worker's mother had been transporting him. There was a lack of documentation indicating the injured worker's mother could not continue transporting him. The request as submitted failed to indicate the duration of use and indicated the injured worker was in need for all transportation, not only transportation to medical appointments. The request is not supported. The California MTUS Guidelines do not recommend home health services or when they are not medically necessary services or when the injured worker is not homebound. The clinical documentation indicated the injured worker was in need of non-medical services and was not homebound. The request as submitted failed to indicate the other aid that was being requested. The duration for the request was not provided. The portion of the request requesting other aid for patient is not medically necessary. Given the above, the request for all transportation and other aid for patient are not medically necessary.

Lidocaine patch one to two patches: Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation

submitted for review failed to provider the injured worker had a trial and failure of first-line therapy. The request was for a new medication. The request as submitted failed to indicate the quantity and frequency for the requested medication. There was no strength for the requested medication per the submitted request. Given the above, the request for lidocaine patch, 1 to 2 patches, is not medically necessary.