

Case Number:	CM14-0052591		
Date Assigned:	07/07/2014	Date of Injury:	01/13/2004
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 Management and is licensed to practice in Tennessee. 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 is a 58-year-old female with a 1/13/04 date of injury. The mechanism of injury was not noted. According to a 5/12/14 progress report, the patient complained of cervical spine discomfort that she described as 5/10. She stated that Tramadol and her orthostim unit work very well for her. Objective findings: palpation of paracervical muscles showed no tenderness, slight tightness or spasm noted of lower paracervical muscles, moderate dysesthesia over the top of the right foot and left foot and right medial hand, lower extremities inspection revealed +2 edema bilaterally. Diagnostic impression: initial right cervical radiculopathy, status post two-level fusion surgery at C5-6 and C6-7 levels with resolution of right-sided radiculopathy, patient has residual dysesthesia of the left greater than right top of the foot and right hand. Treatment to date: medication management, activity modification, surgery. A UR decision dated 3/28/14 denied the requests for Lidocaine patch, Norco, and OrthoStim supplies. Regarding lidocaine patch, the patient is on Lyrica and is to continue the medication to manage the dysethia of the left hand and foot, and right hand. Guidelines do not support this request. Regarding Norco, the medical records do not document objective functional benefit, objective analgesic benefit, screening for medication compliance and aberrant behaviors consistent with ongoing use of Norco. Regarding Orthostim, orthostim is a multimodality stimulation unit delivering interferential, NMES, and galvanic stimulation. According to guidelines, galvanic stimulation is not supported for any indication, and NMES is supported only for post stroke rehab and is not supported for use in chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% 1-2 every 24 hours: Upheld

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

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

Decision rationale: California MTUS states that topical lidocaine 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). The ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In addition, the directions in which the provider had prescribed Lidoderm patches is inappropriate. The provider stated that the patient was to apply one to two patches every 24 hours for pain control during flare-ups of neck pain. Lidoderm dosage directions specifically state that the patch is to be left on for 12 hours and left off for 12 hours in order to avoid lidocaine toxicity. In addition, there is no documentation as to where the patch is to be applied. Furthermore, the quantity of patches was not noted in this request. Therefore, the request for Lidocaine patch 5% 1-2 every 24 hours was not necessary.

Norco 7.5/325 twice a day as needed Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: California MTUS states that topical lidocaine 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). The ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In addition, the directions in which the provider had prescribed Lidoderm patches is inappropriate. The provider stated that the patient was to apply one to two patches every 24 hours for pain control during flare-ups of neck pain. Lidoderm dosage directions specifically state that the patch is to be left on for 12 hours and left off for 12 hours in order to avoid lidocaine toxicity. In addition, there is no documentation as to where the patch is to be applied. Furthermore, the quantity of patches was not noted in this request. Therefore, the request for Lidocaine patch 5% 1-2 every 24 hours was not necessary.

OrthoStim supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 114-116.

Decision rationale: The OrthoStim 4 unit incorporates interferential, TENS, NMS/EMS, and galvanic therapies into one unit. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, California MTUS does not consistently recommend interferential, NMS, and galvanic electrotherapy. Therefore, the request for OrthoStim supplies was not medically necessary.