

Case Number:	CM14-0058136		
Date Assigned:	07/09/2014	Date of Injury:	05/26/2005
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/29/2014

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 California. 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 72 year-old patient sustained an injury on 5/26/05 while employed by [REDACTED]. Request under consideration include Cervical epidural injection at C4-5 and C3-4 and Lidoderm patch 5%, #30. Report of 3/20/14 from the provider noted the patient with ongoing neck, right shoulder pain with intermittent UE radicular pain. Previous epidural steroid injections and cervical facet injections have helped. Current Lidoderm patches also help. Exam showed cervical spine with no muscle atrophy; tenderness at paracervicals, trapezius, and levator scapulae; occipital protuberances; and transverse process of right C2, C4-6 with pain range of motion; 5/5 motor strength throughout bilateral upper extremity muscles; normal sensation throughout C5-T1 dermatomes; decreased first three digits possibly due to CTS. Diagnoses were neck pain-cervicalgia; cervical spondylosis without myelopathy; and back disorder. The request for Cervical epidural injection at C4-5 and C3-4 and Lidoderm patch 5%, #30 were non-certified on 4/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C4-5 and C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181 Table 8-8, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 47.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular findings, neurological deficits or remarkable diagnostics to support repeating the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Previous epidurals were noted to help; however, no specific functional improvement was documented in terms of decrease medical usage, increased ADLs, or decrease in medical utilization for this 2005 injury. Criteria for the epidurals have not been met or established. The cervical epidural injection at C4-5 and C3-4 is not medically necessary and appropriate.

Lidoderm patch 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidoderm patch 5%, #30 is not medically necessary and appropriate.